

Clinical medicine

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ALKALOIDAL CLINIC

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EDITED BY W. C. ABBOTT, M. D.
W. F. WAUGH, M. D.

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THE ALKALOIDAL CLINIC,
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We wish we could show you the faces of all "The Makers of the Clinic," those who have already done so much and are hand in hand with your Editors in the work of the future, but this little cluster must suffice.

Our aim has always been to make the Clinic a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick, and the work of this year will show still stronger and more concerted effort along this line.

Take hold with us and help make the Clinic second to none. With your full co-operation it can be done.

Dr. W. C. ABBOTT,
Dr. W. F. WAUGH,

Editors

THE ALKALOIDAL CLINIC

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No. 1.

A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

DR. W. C. ABBOTT; DR. W. F. WAUGH.

ADDRESS

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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

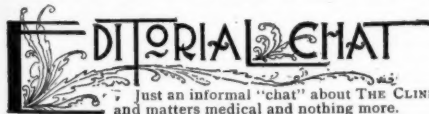
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

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IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about THE CLINIC and matters medical and nothing more.

NEW YEAR RESOLUTIONS.

Shall we make them again this year? Have we not gone the round of annual making and speedy breaking of good resolves so often that the freshness of

enthusiasm which once attended the yearly ceremony is turned into a cynical attitude of mind regarding the entire subject? But stay, one day a fugitive line met the eye: "Not failure, but low aim is crime," and the true significance of the trite custom flashed into fresh meaning.

Why do we dwell with uplifted thought upon such words? Because we need them, because our days are so filled with the rush and the roar and the grime of existence that the better self, the real man instinctively reaches out after that which is a relief from it all, even after the ideal things.

The physician continually breathes an atmosphere which tends to lower both physical and mental tone. The daily routine; the hourly contact with the sick in body, in mind, in soul; the lack of time or opportunity for vital touch with the world outside of professional lines each has its depressing and narrowing influence. The very factors in his life which most imperatively demand that the doctor rise above these influences, most actively militate against his doing so. Happy is he who not oftener than once in a twelvemonth finds need of some inspiration outside of himself to help him on.

The need of the ideal is as real a need as many a more tangible one, and because the New Year's resolution typifies and illustrates that search for and reaching after "those fair mountain heights," we shall resolve again and again; and in the inmost soul refuse to listen to the cynic who scoffs at the callowness which resolves anew, since we know that not inexperience of life but experience has taught us the value of the New Year's resolution.

CANCER.

Shoemaker (*Medical Mirror*) reports unfavorably upon celandine. It exerted a local caustic effect, but he saw none of the destruction of the neoplasm *en masse* that had been described.

HIRSCHFELDER'S CONSUMPTION CURE.

The San Francisco doctors are unkind enough to term Dr. Hirschfelder's recently discovered specific for tuberculosis "bad veal broth." It has been already shown that the addition of hydrogen peroxide must destroy any efficacy it might otherwise possess. No organic matter can come in contact with this substance without both being destroyed. To this property the peroxide owes its unrivalled power as a germicide and antiseptic. That this simple fact should be unknown to Dr. Hirschfelder does not argue well for his ability to cope with Koch, Klebs and the other European bacteriologists in the management of protective serums.

The latest reports in the *Pacific Medical Journal* state that the advocates of the new serum claim only fourteen cures out of seventy cases. This is not enough. A specific that cures only twenty per cent of the cases treated does not meet the requirements.

ANTITOXINS.

Our readers will find on page XIX the advertisement of a new recruit, the Pasteur Vaccine Co. The use of the animal extracts and serums is not confined to a few men in the large cities, but has spread over the country to the remotest settlements; because American practitioners keep in touch with the movements of the great medical centers.

In a pamphlet before us, Dr. Geo. W. Cox discusses the go-as-you-please manufacture of these delicate pharmaceutical products by any one who has a mind

to do so and has the means of placing them on the market. Such methods are certain to lead to disappointment and even to disaster in the use of the remedies.

Dr. McClintock, reporting to the Michigan State Board of Health, says that a bottle of serum was divided into four parts and sent to four supposed experts for testing. One reported the strength to be 100 units per c. c.; one, 150; one, 175 and the fourth, 250. In the effete countries of Europe, the government controls this matter, and possibly it is better done. Dr. Cox calls attention to the great pains taken at the laboratory created by Pasteur, and now supervised by Roux and Calmette, for the production of serums of uniform strength.

GALVANISM FOR PHTHISIS.

Dr. Kornitzer describes the case of a lady whom he was treating for tubercular phthisis. In 1881, she was reduced to death's door by hemorrhages; she being then forty-one years old, and having had lung disease for six years. Galvanism was applied to the chest-wall and she improved, removing to New Mexico the following year. Here she resided for many years, in fair health, with occasional disturbance of the lungs, using the galvanism daily for all these years, until 1893. She then went to Europe; neglected the use of the battery, and in 1895 suddenly took sick and died of tuberculosis.

This is a notable instance of what can be effected by galvanism, by climate, and by the attention obtained by living with the doctor, though unfortunately the latter cannot marry *all* his patients.

Dr. Stowell has retired from the *National Medical Review*, leaving it in the hands of Drs. T. E. McArdle and G. W. Johnston. We trust they will keep the *Review* up to the standard set by Dr. Stowell.

PITY THE POOR EDITOR.

Here is what a correspondent says :

"*My Dear Doctor*:—If you should publish the enclosed or any part of the same, trim its fetlocks and pull the cockle burrs and Spanish needles out of its mane and tail before you start it around the race course."

Yes, the editor will do this, if the paper has in it that kernel of wheat that pays for the sifting. But could not our friend have done it himself, and saved us the trouble? It is not much to do for one paper, but if every letter to the CLINIC requires this putting into shape, and ten for every one printed, you will see how your editor's time is occupied. When you have written your letter, take a fresh sheet and do a little editing yourself.

Dr. Charles L. Mitchell has transferred his manufacturing business to the Standard Chemical Co. (Limited). Dr. Mitchell has furnished the profession many forms of glycerin-gelatin preparations for local medication, and other pharmaceutical products; also a line of fruit juices and of photographic supplies; and every thing he has furnished has been the best of its kind, as would be expected from his high standing as a chemist.

STATE BOARD OF HEALTH.

At the regular quarterly meeting of the Illinois State Board of Health, the following resolutions were passed :

Resolved: That after May 1st, 1898, all non-graduate applicants for license to practise medicine and surgery, who are examined in accordance with the provisions of the Medical Practice Act, in addition to the requirements already exacted, must present as evidence of a satisfactory preliminary education, either,

1st. A diploma or certificate of graduation from a high school.

2nd. A certificate of having passed the matriculation examination to a recognized literary or scientific college.

3rd. A certificate of successful examina-

tion by the faculty of any reputable university or college of arts or science (not members of a medical college faculty), by the State Superintendent of Public Instruction of Illinois, or by the Principal of a High School in Illinois, in the following branches :—English Grammar, Arithmetic, Elementary Physics, United States History, Geography and Latin (equivalent to one year in a high school).

Each candidate will also be required to present a certificate from a medical college in good standing with this Board, attesting that the applicant has,

1st. Pursued the study of practical anatomy in said college for at least one term and has made dissections of the entire cadaver.

2nd. Taken one full course in operative surgery and practical obstetrics.

3rd. Personally attended six or more cases of labor.

Bacteriology has been added to the subjects of the non-graduate examination.

The Board has declared itself heartily in favor of examining all applicants for certificates, issuing no licenses upon diplomas.

Mr. W. H. Hadley, late business manager of the *Medical Mirror*, is dead. We tender Dr. Love our sympathy.

THERAPEUTICS OF OLD AGE.

Most of our readers have doubtless noted what large doses of strychnine are required for the aged. Doses of gr. 1-67, every four hours, will have no apparent effect; but if we increase the dose to gr. 1-16, or better still, give gr. 1-67, every half to one hour, we obtain excellent effects.

Atropine, on the contrary, is apt to overact, as also do the cardiac depressants, aconitine, veratrine and antimony.

The feeble tactile sense of the aged is also notable. When one sees a drop hanging to the nose of an old man, it excites a feeling of disgust in the ignorant; but the observant doctor reflects that when this man has bronchitis he will not

feel the presence of mucous in his bronchi, and will require sanguinarine to make him cough it up.

And yet, one must beware of overstimulation in the aged, with consequent exhaustion of irritability. Brucine is indicated five times to strychnine once.

The bowels, always sluggish in the aged, require aloes rather than salines. The digestion needs capsicum and wine, rather than alkalies and ipecac. The lagging circulation calls for careful clothing with wool or chamois underwear, and thick shoes and stockings. Good judgment is requisite in directing exercise, exhaustion being shunned, but remembering that active exertion keeps off rheumatism and prolongs enjoyable life. When the affection of relatives prompts them to anticipate the wants of the aged and spare them exertion, they grow old quickly.

The diet of old age is by no means agreed upon. Some claim that false teeth shorten life, as they enable their possessors to eat more than nature intends.

Truly, the therapeutics of old age opens up a fertile field.

RENAL PERMEABILITY.

Since the appearance of Etheridge's important papers in the CLINIC last year, there has been considerable attention given to the subject of renal permeability. In many cases of puerperal eclampsia and other affections it has been shown that the excretion of albumen has very little to do with the severity or the danger of the attack. And in nephritis, also, the attempt to explain the course of the disease by attributing the debility to the loss of albumen has been as notoriously inadequate.

But when Bouchard so strongly directed public attention to the import of a failure on the part of the kidneys to fully eliminate the toxic products of tissue metabolism, it was evident that we were approaching firm ground.

In the *Buffalo Medical Journal*, for September, Dr. Potter contributes an excellent paper upon puerperal eclampsia, in which he discusses fully the relations of the convulsions to the renal elimination. In the same number a report by Archard is quoted, in which he recommends methylene blue as a test of the permeability of the kidneys. If this substance is not passed through the kidneys, the tissue of these organs is diseased.

I have frequently employed spirit of turpentine for this purpose, giving ten to thirty drops, in capsule or emulsion, and requesting the patient to note if the urine shows the odor of violets. In other cases I have directed the patient to eat freely of asparagus, or I have given granules of asparagin, and watched for the peculiar odor. In every instance in which these odors failed to appear, the kidneys proved to be diseased and the elimination was deficient.

In all these cases of renal insufficiency, benefit results from the use of a combination of diuretics, such as caffeine, gr. v—xxx, daily, to increase the heart-action; the acetate or citrate of sodium, that has a real diuretic action here; and flushing by the free use of pure water. None of the irritant diuretics should be permitted, nor of the arterial tensors like digitalis. Indeed, if any evidence of arterial tension is present, glonoin should be administered in doses sufficient to relax the spasm. The combination of glonoin with caffeine, spar-teine or strophanthin is excellent.

THE SELECTION OF TEACHERS FOR PUBLIC SCHOOLS.

The disadvantages of the present system are both many and obvious. Teachers are selected largely for their political or social influence; they retain their positions only during the continuance of that influence. They spend their time in passing successive crops of pupils over the same limited

section of the course, never having the opportunity to watch or guide the development of the child's intellect. Few women devote themselves to any avocation without holding matrimony in view as their ultimate aim; consequently their career as teachers is liable to be interrupted whenever a favorable opportunity presents itself. And if this is too long delayed it adds to the limited field of her operations in rendering the teacher's intellect cramped and her temper crabbed.

As a remedy for these evils the following plan is proposed; not as a fully matured scheme, but rather as a basis of discussion :

1. When the normal school graduates its class annually, the pupils standing highest should be assigned to duty as teachers of the lowest grade of the primary school; going down the list until all such positions have been filled.

This will insure to the normal school graduate a position if her scholarship earns it; and eliminates the question of influence. And surely it is wise to have our youth begin their active life as wage-earners with an opportunity won by merit, instead of by adventitious advantages. The rearing of good citizens is not apt to be favored by the rejection of true worth for political or social favorites.

2. The teacher should accompany the class with which she starts through the primary and secondary grades to the grammar schools. Here the number of teachers is apt to be in excess of the number of positions, and a selection of the most worthy may be made for the grammar school. The teacher learns early the character of her pupil and the best way of influencing him. This control over the child is easily acquired, and his confidence is readily won in his first year at school; and this renders the teacher's work easier and her services more valuable in subsequent years. She can more efficiently aid the expanding intellect of the child; and

she herself will be the better for going over the course progressively instead of constantly repeating a small part of it.

3. When the grammar school has been reached the number of teachers will have materially decreased. It may well be that in the advanced grades competent teachers should be continued in the same positions. Some will have settled upon teaching as their life-work; the pay is in these grades sufficient to warrant this; and the incompetent have been weeded out. But if there should be a surplus of teachers, who having conducted their class through six years of school work, may be denominated graduate-teachers, they would find profitable employment in private schools. Such teachers would be so much more valuable than the ordinary class that they would probably be able to command respectable salaries. And here, also, would be found room for the display of any special aptitude they may have manifested for teaching any particular grade or topic. For the teacher who has gone over the whole course would be much more likely to find her true place than one who had only taught a single grade.

Others could find employment as substitutes; for there are constantly occurring vacancies in the ranks.

But in truth it is not likely that there would be much of a surplus. Not all the normal graduates would wish to teach. Death claims a certain percentage for its own. Matrimony rapidly thins the teachers' ranks; and a large proportion drifts off into other pursuits. It is probable that every normal school graduate who desired to teach, and who secured an average credit for her school work, would be reasonably sure of her six years' teaching. And the good influence of this would be soon manifested in the work of the normal school. Far more active interest would be felt in the studies when a position was reasonably sure to be secured by good work, than when such a place depended on

having a relative or friend on the school board.

There is another reason why this plan is more desirable than that now in vogue. It is a fact revealed by statistics that the marriage rate among teachers is the lowest of all classes of women wage-earners. This is objectionable, in that education and culture render women better fitted for wifehood and motherhood. Every woman ought to marry and rear a family; and if it is understood that the teacher holds her position for a limited term of years and not for life, she is more likely to marry before the term comes to its close.

Perhaps some apology is needed for introducing such a subject into a journal devoted to medicine. But doctors are students of men; many doctors are members of school boards, and many more ought to be. We are the advisers of the public in matters of sanitation, and nowhere is there more need of our skilled advice than in the training of children. The fact that in countries where children begin school at the age of six years there is double the amount of brain-disease than where they do not go to school till the eighth year, shows how inseparable are the questions of education and health.

The writer has examined the report of the Chicago Board of Education for the year ending 1897; a publication as remarkable for the matters of interest it gives as for the information it does not furnish. From its data we calculate that there are about 885 teachers employed in the first or lowest grade of the primary schools, while the last graduating class of the normal school numbered 463; so that there would be room for double the class if this plan were adopted. But if there were a reasonable certainty of the employment following graduation, a larger proportion of the high school graduates would enter the normal; or, at any rate, there would be many positions open to the graduate teachers who desired to continue that occupation.

DOSIMETRY ABROAD.

In the *Dosimetric Medical Review* there is a paper by Dr. Florence, describing a case of "true croup" which deserves some attention.

The child was twenty-two months old. Two others had died of croup and a third had recovered, all being seized successively. The symptoms were those of true pneumonia, there being no evidence whatever of exudation, but "the air penetrated with difficulty to the apex and posterior part of the right lung only. The face was flushed, the throat red and swollen, secreting a thick and stringy mucus." "Temperature 105° F.; voice hoarse; cough croupal; respiration very short, indistinct, always asphyxia, skin covered with sweat; dullness to the left and posteriorly; marked evening exacerbation."

The doctor confesses to doubt as to whether the case was one of croup or of inflammatory angina, but as the symptoms resembled those of the brother who had really croup, and "the therapeutic means of cure would not vary," he treated it upon that hypothesis.

With the facts staring him in the face, the idea of pneumonia seems to have never entered his head.

Now let us see what Dr. Florence does in such cases: He gives an emetic, greatly fatiguing the child, but giving some relief for part of the night. He then prescribes calcium sulphide, antimony arseniate and turpentine (not a word as to dosage); sinapisms to the back and legs; after five days, two injections of antitoxin, and adding brucine and hyoscyamine; a little quinine; and two days later the doctor filled up the measure of his iniquities by applying blisters to the chest and back of this unfortunate little child of twenty-two months.

The mother had by this time got desperate, and applied to the infant's chest the skin taken from a living hare. That

evening crisis occurred, and the child recovered in spite of the treatment.

I see no objection to the hare-skin, that probably gave some of the relief that usually follows the application of a poultice. But to Dr. Florence's treatment I have these objections: He gave antimony to depress the circulation and promote expectoration, brucine to stimulate the circulation and turpentine to increase the pulmonary congestion and dry up the secretions; calcium sulphide to combat micro-organisms not shown to be present; hyoscyamine was indicated by the free sweating, but alone it increased the fever; and although this was perilously high, no antipyretic measures were taken, for the grain and a half of quinine was too little to have much effect, one way or the other.

That the child recovered at all was wonderful. Truly our European brethren have little to teach us if this be a fair specimen of their alkalometric practice.

The fever should have been controlled by the Defervescent granules, three in twenty-four teaspoonfuls of water, a teaspoonful every half to an hour aided by a hot mush jacket (or Brother Britton's flapjacks) and the tendency to plastic exudation checked by suppositories containing five grains each of quinine bisulphate, one every six hours.

As a specific remedy for the laryngeal congestion, I should incline to Dr. Case's calcium iodide; though a good steaming with the fumes of vinegar would clear the mucus away pretty thoroughly, and give great relief.

I fear our foreign confreres may elevate their aristocratic noses over some of these procedures; and they may in fact savor of the backwoods. But the only point we care to consider is their efficacy, and this is indubitable. I have heard Da Costa prescribe sage tea for night-sweats, and Gross said that the best dressing for a blister was a cabbage leaf.

The most objectionable thing in Dr.

Florence's case is that it should be brought forward as a proof of the superiority of calcium sulphide to antitoxin as a remedy for croup. We as dosimetrists have no quarrel with antitoxin. It is still on trial. If it succeeds in demonstrating its value, we shall use it; and at present the balance of evidence seems strongly in its favor. And the question of whether it is or is not a weak solution of carbolic acid, though important, is less so than the question of efficacy.

As to calcium sulphide, the evidence in its favor is far more conclusive than that of Dr. Florence's case. Even when given in the inefficient doses first recommended it proved of value; now, when we administer with confidence four to eight grains daily, we realize what a powerful agent it is.

ANTIDOTE TO SNAKE-BITES.

Fraser announces that a certain antidote to the venom of every serpent is found in the animal's bile. Any sort of bile, mixed with the venom, has an antidotal effect, but the bile of each serpent best antidotes its own venom. The antitoxin property of bile is due to a principle soluble in water.

Bile is toxic when injected into the tissues, hence it is necessary to employ the isolated principle referred to. Unfortunately, this is rarely available when needed, though persons traveling in places infested with venomous reptiles might with propriety carry a supply. It must be employed hypodermically, as bile is innocuous in the stomach and therefore inert as a remedy.

Dr. Mark H. Lackersteen, a retired English army surgeon, and an ornament to the Chicago medical profession, died of pneumonia, December 7. He was a very learned man, with a noble heart, and singularly devoid of the selfishness that seems to render a man the fittest to survive in the struggle for existence.



John Aulde M.D.

DR. JOHN AULDE, of Philadelphia, a recent photograph of whom we have the pleasure of reproducing this month, is one of our foremost thinkers. His work in cellular therapy and physiological therapeutics, while yet in its infancy, bids fair to mark a distinct era in modern medicine. Give your best thought to what he has to say.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

DYSPEPSIA—ITS CAUSATION AND SYSTEMIC EFFECTS.*

A Study in Reconstructive Metamorphosis, Physical and Physiological.

By John Aulde, M. D.

(PART IV.)

GENERAL CONSIDERATIONS RELATING TO TREATMENT.

IN order to consider intelligently the demands of the human organism from a medicinal standpoint it will be advisable to pass in review some of the normal requirements to be taken into account. For example, it frequently happens that patients are advised to seek a change of atmosphere for the temporary relief of dyspeptic affections; occasionally baths are recommended and a restricted diet, with little or no medicine; and where the latter plan is followed out systematically, much good is accomplished, simply because nature is allowed a chance to recuperate, (presently to be elaborated more fully). However, as only a comparatively limited number of our patients are so situated that they can take advantage of such change, we must endeavor to provide for their wants by other means; in other words, we must make an effort to take advantage of hygienic and dietetic regula-

tions; hence, a consideration of these features will form the subject-matter of the present article.

HYGIENIC.

Reference has already been made to the insidious effects of defective oxygenation from lack of exercise and other causes, by or from which defective metabolism occurs as a result of impeded internal respiration. Few physicians realize the dangers incident to a failure in the elimination; and it is extremely doubtful if they truly comprehend the physical and physiological derangements resulting from an objectionable dietary. Were this observation not true, they would depend upon physiological methods to secure elimination rather than resort to what may be termed mechanical means. This simple fact will be the more evident when we consider the care and attention which is given to bathing, clothing and exercise, physiological hygiene in the meantime being entirely neglected. It appears to be a forgotten or neglected discovery that the cells, of which the entire body is constructed, in order to maintain a healthy standard, must be constantly engaged in

*This series of papers, begun in the '97 CLINIC, will be continued through several subsequent issues, perhaps all the year. It is the most important effort along this line that has yet been attempted, and when completed will be the most finished essay on this subject before the profession. Every reader should become a subscriber at once and be dated back to the beginning of the series before our back numbers are all gone.—ED.

respiration. The intelligent physician should never fail to remember that the moment life begins, so death ensues. Baths, in themselves, are useful, but they only accomplish certain purposes. The same is true of exercise and of clothing. Resorts and sanatoriums may accomplish much by giving special attention to these two factors, but so long as they fail or neglect to take advantage of the benefits arising from physiological hygiene, their efforts must fall far short of securing the desired end, namely, the restoration of health.

Various measures have been recommended with a view to secure physiological hygiene, and it does seem strange that the promoters of different plans have been content to stop just as soon as they seemed to have made an important discovery. Thus, washing out the stomach is now regarded by some as the only means of treating successfully the stubborn cases of dyspepsia which come to our notice, and a vast amount of energy has been expended in attempting to make out that this is the sole method by which health can be regained. Others would have us believe that flushing the colon is sufficient for the purpose, while a majority of practitioners still insist that mechanical measures ought to have the precedence; hence, they prescribe purgatives, containing ingredients which are supposed to act upon the stomach, the small intestine and the colon. Again, antiseptics are depended upon to secure this desirable end. The question is, shall we impeach the profession for being too credulous, or for its incredulity? It is certainly not to be congratulated upon its impeccability, considering the furore which has attended the introduction of various procedures within the past ten years that are now relegated to well-merited oblivion. According to Whately, "The only way to avoid credulity and incredulity—the two necessarily easily going together—is to listen to and yield to the

best evidence, and to believe and to disbelieve on good grounds."

Accepting as axiomatic this metaphysical decision, we cannot deny that benefits may be derived from each of the above mentioned factors, but no one of them is sufficient in itself. A caution should be added in regard to the employment of purgatives and antiseptics, as we are learning daily that the virulence of the mephitic micro-organisms is modified by influences and causes which at present we are unable to comprehend; hence, I prophesy that physiological hygiene will be attained through the employment of measures calculated to augment the elimination of oxidation products through the proper channels, and that the usual measures heretofore employed will continue to be used as adjuvants.

The physician of the future will seek to correct wrongs of metabolism as a preventive against infection, and his success will be in proportion to his ability to determine abnormal conditions present in the blood and secretions. Decided progress has already been effected in this direction, and the future is not without promise; but we must take into account clinical as well as scientific facts.

DIETETIC.

Climatic conditions being favorable and hygienic regulations duly observed, the maintenance of health depends upon the selection of food. The mere fact that man is an omnivorous animal should not be taken to mean that he can eat everything; certain reasonable restrictions are necessary, and he who disregards them must sooner or later pay the penalty. The following clinical incidents will serve to illustrate my point: One of my patients finds that eating sausage brings on an attack of cystitis. He thinks his stomach lacks the capacity for digesting this particular product and will refuse it in the future; on the other hand, I believe in this

particular instance that metabolism was below par and primary assimilation was defective; hence, the extra work thrown upon the kidneys by reason of the failure of the liver function. I have had patients who suffered from "torpid liver" from so simple a cause as drinking coffee, but they would be convinced only through a practical demonstration. Discontinuance of the coffee resulted in the disappearance of the liver symptoms. Intestinal dyspepsia may be caused by eating potatoes, but the only way to convince patients of this truth is to order a discontinuance of this article of diet.

It does not follow, however, that eating potatoes is altogether responsible for such attacks, but as in the case first mentioned all the conditions may be favorable to its appearance. Catarrh of the stomach is frequently responsible for the dislike for meats, even beefsteak, and as a consequence these patients content themselves with bread and potatoes, which merely postpones the evil day. Headache is almost certain to follow the ingestion of pastry where the condition of the stomach is below the normal standard. This arises from the fact that pastry delays digestion, when poisonous products are formed in the stomach, and, these being consequently dissolved, are carried with the blood-current to the brain centers, when the symptom known as headache is produced.

Oatmeal is frequently responsible for the appearance of various skin eruptions, because, under favorable conditions, oatmeal deranges digestion and the skin is compelled to suffer; and yet oatmeal is a nutritious and valuable food product. An elderly patient who complained one morning of inability to sleep was surprised to find the exciting cause in so simple a food combination as toast and tea, and he threatened to make a vow that he would never take it again. Going back to his diet for the preceding meals of the day, I

pointed out to him wherein he had made an objectionable combination, and convinced him that the light supper was but the last straw.

And that reminds me to mention here, what, in my opinion, is the cause of insomnia; that is, such cases as generally come within the observation of the general practitioner. It is evidently due to imperfect or defective physiological hygiene, an almost constant concomitant of dietetic errors. In the treatment of this condition, it will be necessary to interrogate the different organs, such as the liver, the spleen, the stomach and intestinal tract, the skin, the kidneys and the pulmonary and bronchial apparatus. The question to be determined by this investigation is, whether or not the cells entering into the composition and structure of these different organs and tissues are performing their proper functions? Whenever there is failure in metabolism there is irritation, and this "irritation" amounts to the same as a "hot box" in a piece of machinery. As a means of getting rid of this irritating substance, as pointed out in considering the hygienic relationships, we have in addition to local measures, mechanical, antiseptic and physiological treatment, and naturally, we should "listen to and yield to the best evidence." We are now fairly well prepared to enter upon a discussion of the medicinal treatment, in which I shall endeavor to harmonize the clinical facts with the scientific facts, to the end that humanity may be benefited by the advancement of physiological medicine.

1513 Arch Street. Philadelphia.

—O:—

The reason why therapeutics has fallen so behind in medical progress is because its application has been so generally based upon empiric rather than scientific reasoning. The work of advanced thinkers, like Dr. Aulde, is to bring order out of chaos and set the profession to studying and investigating along right lines.—ED.

YELLOW FEVER OR DENGUE IN TEXAS.

By W. L. Coleman, M. D.

I SAW a letter in the *Houston Post* from Dr. John Guiteras, and I shall endeavor to reply to it in the kindest spirit and in the one in which he appealed to the physicians of Galveston and Houston to aid him in establishing the truth, as that alone was what he sought.

I would not say anything if the young gentleman (I say young because he was only five years old when I wrote my graduating thesis on yellow fever), who occupies the high position of U. S. government yellow fever expert, did not claim in that letter that he was correct in his diagnosis, and that he did find cases of yellow fever in both places named. I beg leave from my age and long experience and study of that disease to show him his error, and I will say just here that the mistake made by him and our state health officer, in announcing that less than a dozen cases of yellow fever existed in Galveston and Houston, caused the most wide-spread, frenzied, hysterical and foolish panic among the people in the state that was ever heard of in the history of the disease, resulting in the establishment of numberless, senseless, local, town and county shot-gun quarantines, which, if they did nothing else that was good, furnished to the world the most perfect examples and convincing proof that the people do in fact and truth rule in this great Republic; for they temporarily destroyed personal liberty, stopped all travel and securely locked the wheels of commerce, as well as enjoined perfectly all state and federal process and authority.

But to the point I propose to decide: There has been, as I suppose Prof. Guiteras well knows, the most general and violent epidemic of dengue prevailing in the South that has ever occurred in this country since its first appearance in 1828; though Dr. Rush claimed that it prevailed in Philadelphia in 1780, and he described it

as "bilious remitting fever," but stated that it was even then commonly called "breakbone fever."

Now, from my long observation and comparison of the diseases and from the mistakes and errors of my earlier years, I say, with the confidence that I am right and that I state truth only, which Dr. Guiteras desires, that this disease, dengue, has, at divers times and places in this state, been incorrectly diagnosed as bilious, scarlet and yellow fever; and in saying this I do not mean to reflect upon the capacity of any gentleman in the profession to whom this may apply. It is not the first time, by any means, that dengue has been diagnosed as scarlatina or yellow fever; and twenty-five years ago I would have diagnosed every case I have seen this fall as yellow fever, and with more positiveness than our experts have done, for that has always been one of my distinctive characteristics. For from my earliest experiences with the two diseases I had fixed in my mind that the persistent rheumatic symptoms, cutaneous eruption and innocuousness of dengue, were amply sufficient to distinguish it from yellow fever. That was before my combined use of the second hand of the watch and the fever thermometer as diagnostic means.

Dengue has often been called the twin sister of yellow fever, but the former is a much more painful disease, and there is no other disease with which I am acquainted presenting so much severity of symptoms, fever and intense pain, that is so seldom fatal. Hence my examinations in earlier epidemics were not so complete and critical as they have been in later ones, so I cannot say from personal knowledge that it has acquired new characteristics. It has certainly been more fatal in the last three epidemics; whether from complications with other diseases or the mistakes of diagnosis and over-medication is a question. I was taught that in a disease which was almost never fatal and all the patients re-

covered, the treatment should be palliative and alleviative only.

But as treatment does not belong to the question under consideration, I will return to what I claim was a mistake of the experts in their diagnosis of this disease. I have not seen the official report yet, and regret it very much, for I would have been glad to have been in possession of all the facts in the case before making so grave a charge, not that I believe it possible for there to have been any reason unknown to me that could modify or change it.

The main reasons given in Galveston for the diagnosis of yellow fever were the divergence of pulse and temperature, with hematuric and albuminous urine. While the last two are very common in yellow fever, they cannot be said to be pathognomonic, for they are found in too many other diseased conditions, and if Dr. Guiteras depended upon the first, a descending pulse with an ascending temperature, a peculiar condition which has been regarded for nearly thirty years as pathognomonic of yellow fever alone and never found in any other acute febrile malady, let me tell him that he could have found as many, if not more, of his so-called typical cases of yellow fever in every interior town of Texas into which he could have gained admission, as he found in Galveston and Houston, and quite a number can still be found, for dengue has not yet disappeared from our state. As is well known, there are in this disease, as in yellow fever, cases of all grades of intensity, from those so mild that the patient does not take his bed at all to those so severe that he is confined from ten days to two weeks.

In every typical case with fever lasting seventy-two hours, another feature of yellow Jack, that I saw or was reported to me by other physicians this "peculiar condition of pulse and temperature" was found more constantly and even better defined than I have seen in some yellow fever epidemics. In one case I found the pulse 74 and

temperature 104.9° on the second day, with the additional yellow fever symptom of a persistent epistaxis; in fact this yellow fever tendency to hemorrhage from mucous surfaces was quite common.

Now, then, if this be yellow fever, it prevailed throughout this broad state in spite of "shot-gun" quarantines, and it must be true, as has been said by a French savant, "Diseases change with the time"; and the "scourge of the South" has lost its malignancy, its death-dealing fangs have been extracted, and it will no longer be dreaded as in the past, and we may hope never again to witness an exhibition of that relic of the barbaric and middle ages, "a shot-gun quarantine!" nor will the government longer need the services of a yellow fever expert.

I most respectfully appeal to Prof. Guiteras in the interest of humanity and of scientific medical truth to inform the profession as a whole by what symptom or group of symptoms he was enabled to diagnose a few cases of genuine yellow fever in Galveston and Houston out of the numerous cases of dengue then prevailing. This epidemic of that disease has exhibited nearly all the characteristic symptoms hitherto regarded as pathognomonic of yellow fever, not only in the two above named cities, but in every town and hamlet in the state, and it would make this paper too long for me to notice in detail the symptoms of hematuria, albuminuria, epigastric tenderness, painful swelling of lymphatic glands, etc., which have been found in nearly all serious cases, but I am glad to say that the so frequent termination of yellow fever in death has not followed its other characteristic symptoms in this disease.

For the same reason I cannot discuss the doctor's oft-repeated assertion of his ability to stamp out or confine yellow fever to an infected house by guards. On this point I would respectfully refer him to any authentic history of this very

peculiar but utterly uncontrollable disease during its known existence of a little more than two hundred years.

I would like also to criticise our present quarantine system, and ask what has that unknown quantity, the period of incubation, to do with it, and why a person is detained at all, seeing we all agree that the disease is not contagious, which has been conclusively proven by our failure to propagate the disease by inoculations with black-vomit or any other matter ejected or eliminated from a patient's body.

Houston, Tex.

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This question seems easy to settle. Do the physicians of Texas agree with Dr. Coleman that dengue, with the characteristics noted, has prevailed as he asserts?—ED.

FACTS FOR BEGINNERS IN ELECTROTHERAPEUTICS.

By W. H. Walling, M. D.

(SECOND PAPER.)

THE paper in the October CLINIC closed with an allusion to resistance. This is a most important factor in all electrical



W. H. WALLING.

applications, and one too often entirely overlooked.

Resistance presents itself in two forms; that which acts within the battery, and that which acts outside the battery. Within the battery we may have resistance to the flow of the current from:

(a) Faulty elements; that is, the carbon may be too small to convey the energy.

(b) It may be worn out or be so saturated with insoluble salts, the products of electrolysis, as to become almost utterly useless. It should be soaked in very hot water occasionally, in order to partially free it from such accumulations.

(c) The zincs may be destroyed, while appearing to retain nearly the full size. This occurs especially with some forms of sal ammoniac cells. The zincs become coated as well as the carbons, and while the voltage may remain, in some, the internal resistance is so great that no appreciable current is obtained.

Such carbons may be partially renewed by the hot water process, but they rapidly deteriorate again until utterly worthless.

The life of a carbon depends much upon the fluid used. A sal ammoniac cell carbon will ordinarily last from three to five years, if properly cared for, but the zincs must be renewed several times during such a period.

In a red-acid cell, the carbon lasts almost indefinitely, but I think it better to renew them once in every seven to ten years, unless they fail sooner.

(d) *Polarization.* This is caused by the accumulation of gases upon the elements; the electro-positive body, hydrogen, collecting upon the negative element, the carbon, and the electro-negative body, oxygen, collecting upon the positive element, or the zinc. This sets up a counter current within the cell, sometimes entirely neutralizing the main current. It is never strong enough, however, to overcome the external resistance and causes a change of polarity during treatment.

Polarization is most marked in cauterizing batteries and in the dry cell variety of ordinary batteries.

Agitation of the fluid or the removal of the elements will restore the activity of the cell, but as this cannot be done with the dry cells, the battery must be allowed to rest for a sufficient time for recovery.

All cells run down, as it is called, from this cause, more or less, which accounts for the lessened current from a battery in constant use. Time must be allowed for recuperation.

On account of this rapid polarization, the dry cells are not so desirable for use

with a faradic coil, as, being constantly on short circuit, they rapidly run down and frequently leave the operator without a current at a most important moment.

The bichromate of potassium used in the red-acid fluid is a depolarizer, so that such cells give a more even current and for a longer period of time than do the dry or Smee cells. The latter, being excited by dilute sulphuric acid only, rapidly polarize. Agitation of the excitant or removal of the elements overcomes this at once. All forms of cells must have a period of rest at stated intervals, in order to do the most efficient work.

(e) *Weak Fluid.* This was attended to in the first paper. If the red-acid fluid becomes too weak for use, and one cannot wait to replace it, temporary advantage may be gained by adding a little sulphuric acid to each cell, but this acts rapidly upon the zincs when too strong.

(f) *A short current* in the cell itself, due to faulty construction, or careless attachments. The wire leading from the zinc should not be allowed to rest upon or touch the carbon, especially if the wire be an uncovered one. Covered or insulated wires should always be used in all battery connections.

Polarization may also take place from the battery being left on short circuit by carelessly leaving the elements in the fluid if of the red-acid variety, and the terminals or electrodes in contact. The latter will cause rapid deterioration in any battery at any time. Care should be taken to remove the elements from the acid cell and not to allow the terminals to be in contact, with the other varieties.

EXTERNAL RESISTANCE.

This also arises from a variety of sources.

(a) *Faulty connections.* They may be corroded, or the contact may be imperfect. One of the most fruitful sources of such interference will be found at the junction of the carbon and connection wire, especially

in some of the sal ammoniac cells. The salts "creep" more or less, corrosion takes place at that point, and the current is completely cut off. The same may also occur at the zinc connection. These points should be frequently examined for such cause and effect.

Corrosion in the red-acid cell is not so frequent from this cause, but care should be exercised in lifting the elements from, and especially in placing them into the fluid, as splashing of the fluid over the connections will soon cause corrosion and loss.

(b) *Cords or rheophores.* These should be made of a large number of fine copper wires, and not of tinsel. The latter soon wears out and becomes worthless.

The cords should be used carefully and not be allowed to kink, as the wire soon breaks and thus the connection is broken.

(c) *Electrodes.* These should be carefully kept and the active surfaces frequently inspected and kept clean. Sponges, fastened to the electrodes are not only uncleanly, but do not admit of proper inspection. No amount of the galvanic current will be of use with thickly corroded electrodes.

Carbon is much preferable as a material for electrodes to any metal, but is not always as convenient as metal, as it is not so readily shaped.

Carbon electrodes may be used with either pole, which is a decided advantage.

This will be referred to again when we more fully consider electrodes.

(d) *The resistance of the body.* This ranges from a few hundred ohms to many thousands according to the position of the electrodes, and will be further considered in future papers.

In practice, and with a good battery in prime condition, the resistance within the cells need not be taken into account, being relatively very small. The points to be carefully watched are the connections, the cords and the electrodes. The wire cords are also apt to break near the

attachment to the cord tip, requiring careful attention and usage.

Philadelphia, Pa.

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Dr. Walling succeeds admirably in writing what one can comprehend without being an expert, and yet not an ignoramus either. If our readers who are interested in electro-therapy meet with difficulties on which they desire enlightenment, let us hear from them and we will ask Dr. Walling to reply in the Query column.—ED.

CLINICAL REPORTS OF RESULTS OBTAINED WITH THE WAUGH-ABBOTT INTESTINAL ANTISEPTIC.

By Ross B. Rowe, M. D.

CASE 1: First seen February 10, 1897. Female, married, forty-eight years old, five children; had been a sufferer for years with dyspnea and palpitation, so severe at times as to occasion partial syncope. Bowels regular; urine normal; appetite too good; but little pain except occasional neuralgic attacks involving muscles of the face and chest.

The attacks of dyspnea and palpitation occurred at any time, particularly after eating, and relief was experienced after violent eructations of an odorless, tasteless gas, continued sometimes for an hour. These attacks had become so frequent and severe as to necessitate her having to take to her bed.

Diagnosis: Stomachic indigestion. Treatment: Menthol as required; hyoscyamine and strychnine arseniate every half-hour till effect.

Next day her condition was improved and she was directed to continue the menthol, and given one granule each of quassin and emetine every two hours, with digitalin to be used whenever the heart-action became irregular.

Until March 18, 1897, the case "hung fire," sometimes better, some days worse. Her general condition was one of debility,

with frequent attacks of her original trouble, which seemed relieved most quickly by hyoscyamine and strychnine, hot mustard foot-baths and menthol.

On the above date all medicines were discontinued, and the patient put on Nuclein (Aulde), gr. 1-12, four granules every two hours—the result being a prompt return of all her previous symptoms in a more aggravated form, and she continued to grow worse so long as the Nuclein was kept up.

On April 1 she was directed to take of the following mixture, one teaspoonful in a glass half-filled with water, through a glass tube immediately after meals: Dilute hydrochloric acid, five and a half drachms, tincture cardamom comp. to make four ounces. Emetine, quassin and strychnine arseniate, one granule of each, were administered fifteen minutes before each meal.

The stomach refused to tolerate the acid solution, and after a few doses followed by unpleasant effects, it was laid aside and the granules continued, resulting in a very slow but gradual improvement. The attacks still continued, however, at too frequent intervals, and on April 3, 1897, acting on a suggestion from Dr. Abbott, the case was put on the Waugh-Abbott Intestinal Antiseptics.

The result was immediate and wonderful—amelioration of all symptoms, progressive abatement of dyspnea and palpitation, which in a short time ceased altogether, steady increase in strength, and loud expressions of gratitude towards "your Chicago friend," of whose suggestions she had been informed.

She still at times puts herself on a course of the tablets for two or three days, as she tells me, "to clinch the cure"; and as nearly as I can tell, her digestive apparatus is now fit to assimilate almost anything but tripe or tacks.

CASE 2: Mr. T., married, sixty-five years old; occupation, church sexton.

Has two children, the one healthy, the

other afflicted from childhood with some nervous disorder, which now affects his speech to a marked degree, and occasions a gait somewhat resembling that seen in locomotor ataxia.

Mr. T. gave a history of "spells" coming on at irregular intervals, during a period of many years.

The characteristics of the spells were: A fall, followed by partial or complete loss of consciousness, features dusky and contorted, frothing at mouth, some little spasmodic movements of extremities. Duration of spells from one minute to half an hour.

While under the care of another physician, he had been put upon a severe course of the bromides. The patient never bit his tongue nor fell upon his face, but appeared to have, however, a regular "aura." He complained of stomachic and abdominal distention, particularly after eating.

Diagnosis: Fermentative dyspepsia. Treatment: A laxative diet, plenty of water between meals and on rising in the morning, stewed prune juice *ad lib.*, thorough mastication of food, and the establishment of the habit of regularity in defecation.

He was given the positive "suggestion" that he would never have another "spell". Their cause was explained to him, and he was ordered to take at the first indication of an impending "spell" one granule of glonoin, to be dissolved on the tongue. Before each meal he was ordered two tablets W.-A. Antiseptic.

He has never had a seizure since treatment was instituted. His wife has been obliged to "take a reef" in his clothes, the gaseous distention having disappeared, and he says he is a younger man to-day than he was ten years ago.

Case 3: Mr. M., single, twenty-three years old, family history good, inordinate and rapid eater, violent pains at times around heart-region, weakness, pallor, cold extremities.

First seen April 17. In bed. Ordered a restricted diet and W.-A. Antiseptic. At work the day following.

Since that time has had two or three like attacks, following over indulgence in food or drink; always followed by recovery on above treatment.

Let the effects of treatment in the above three cases serve to illustrate what these tablets can accomplish.

I have treated cases of severe diarrhea on a starvation diet and the W.-A. Antiseptics with the happiest results.

I have seen marked benefit follow their use in cases of chronic rheumatism, in gastralgia and in those conditions of general loss of tone following malarial attacks. I cannot too highly recommend them.

My own method of administration is to direct the tablets to be crushed and thoroughly dissolved in a cup half-filled with water as hot as can be swallowed, to be taken about fifteen minutes before each meal.

I would like to see a sister tablet put upon the market in which the sulphocarbonate of zinc in the W.-A. Antiseptic would be replaced by some other non-astringent sulphocarbonate.

Strasburg, Pa.

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Dr. Rowe's report is a model of what such a paper should be—he selects his cases well, and describes them briefly yet clearly. The field of action for the Intestinal Antiseptics widens rapidly. As yet we have scarcely touched its bounds in any direction, the widest experimentation showing its usefulness in unexpected conditions. We will soon have to ask what cases the W.-A. tablets are *not* good for. The tablets as now made are not astringent, but they stop fermentation and diarrhea so quickly that they seem to be so, when the constipation is only the natural reaction of the over-stimulated bowel. They are well calculated to go with the Saline Laxative, whose use is so strenuously urged by Burggrave.—Ed.

TYPHOID FEVER.

By F. C. Morgan, M. D.

SO much has been written and said upon this subject that any new articles might prove offensive, but human thought is apt to differ on any line or subject.



F. C. MORGAN.

Etiology.—Is typhoid always dependent on some other case of the disease for a source of infection, or can the lesion develop *per se*? Of course we are dependent

to a great extent upon the researches and investigations of bacteriologists for conclusions, but as most rules have an exception, is there any chance for one in this matter? Of all the lymphatic system involved in the disease, the glands of Peyer seem to be the seat of the main inflammatory and ulcerative process, to be followed by an occasional hemorrhage and perhaps perforation, or resolution. The most important aspect of this portion of the subject, it seems to me, is microbe-generation, its origin, action and possibility of auto-infection. We understand that this can occur in convalescence, and the patient practically repeat the process, provided a few of the glands were not previously involved, thus really catching the disease from self; and hence the query: Why cannot the auto-infection be primary as well as secondary?

Klein, of London, demonstrates the peculiar differences between the typhoid bacillus and the bacillus coli. One peculiarity of the typhoid bacillus is that it will not survive in culture media in which the bacillus coli will thrive. The former is present in greater abundance in the spleen than in the intestine, where the chief lymphatic metamorphosis goes on. The general conclusion to be drawn from experimentation seems to be that it is not an invariable rule or an absolute

necessity that the bacillus typhosus should be imbibed directly, but that a slow accumulation in the intestinal tract is favorable to the fermentative process; for fermentation and microbe-generation are apparently wedded associates. Thus the question is, is it possible by the presence of the above conditions to produce degeneration of the bacillus coli, and can the bacillus typhosus be the result of this degeneration? In other words, is the typhoid germ a degenerated bacillus coli?

So far as experience is concerned I believe that typhoid can be developed spontaneously, independent of any other case or source of infection; although I consider that for the most part it is the result of infection. There is a great question to be decided concerning microbe-generation, as to its being the disease-producer or the product of disease. Is it not both?

Symptomatology.—The symptoms and pathology of typhoid are too well understood to need much being said. The general symptoms, especially those of the last half of the third week and the first half of the fourth, or perhaps longer, according to the amount and extent of toxine absorption, indicate great perturbation of the nerve-centers in general. Delirium and comatose conditions seem to be dependent upon the quantity of poison absorbed. The organs, especially the spleen and liver, are considerably softened; urine scant, high-colored and generally containing albumen; more or less pharyngitis, laryngitis and bronchitis; rash on abdomen or thorax not always present. The chief symptom for diagnosis is the gurgling in the right iliac fossa, especially upon palpation. If it cannot always be found by pressure of one hand it may be by alternate pressure of the fingers of both hands, as in the fluctuation of an abscess.

Treatment.—From the commencement of the disease to convalescence the whole secret is one of destroying the toxins resulting from the germ-action, and carrying

them out of the intestinal canal. First, calomel one grain every hour until three to six grains have been given, according to the strength of the patient; followed by Epsom salts or Hunyadi water. If diarrhea be present, give castor oil instead of salines. Follow this with sulphocarbolate of zinc, sufficient to render the stools odorless. If constipation be present, give sulphocarbolate of soda. Use castor oil, the ideal resolvent of intestinal irritation, every other morning certainly, and a soap-suds or glycerin and water enema if the bowels are inactive. Do not use antipyretics except tonic doses of quinine, unless the temperature rises above 102 degrees, and complications are imminent. Watch the lungs and urine closely. Use digitalin, aconitine and phenacetin, etc., as indicated. I continue one of the sulphocarbolates to convalescence, and by relieving the portal circulation by frequent but not too free catharsis, the temperature runs lower, much less constant pyrexia exists, and nourishment will be borne much better, with less renal pressure, and the whole business goes on much more gratifyingly.

I believe that a great many cases are fatal because of a lack of attention to the elimination of poison. As long as it remains in the intestinal canal it is going to be absorbed, and as long as it is absorbed the general symptoms are going to increase in severity; more fever, more coma, more tympanites, less nourishment, less urine, and if you are not careful, no pulse. This in my opinion is the chief king-pin of treatment, and as the disease is one of more or less self-elimination, help it along and the results will be favorable in nearly every case. In short, just so far as we imitate natural law in the disposition of unhealthy matter, so far we are applying the richest principles of science.

With a good resisting constitution to back up the trouble, without the existence of previous ailments, I would expect favorable results; but the complications, either

previous or simultaneous, of course render the prospects less flattering and prognosis must necessarily be guarded.

If the bowels are considerably tympanitic, use one or two teaspoonfuls of turpentine in water as an enema, as often as indicated. Give a few drops of turpentine by the mouth if the tongue be dry and hard, till its effect is produced. Turpentine and oil frequently applied to the surface of the abdomen gives good results in keeping down bloat and aiding peristalsis in constipated cases.

Stimulate when and while asthenia is present, but it can easily be over-done. Abstain during the sthenic stage. Give atropine as needed for profuse sweats. Bathe the body frequently and lightly with hot vinegar, gallic acid solution, alum water, or perhaps the simple wiping of the skin with hot dry flannel will be sufficient. Atropine will at times produce increase of head-symptoms and will need a little antidote, but this is not generally very troublesome. Svapnia or *Tr. Opii Deodorata* may be used as anodynes, according to the condition of the bowels. If diarrhea persists give bismuth or some other well-borne astringent till checked. In case of subnormal temperature or collapse, hypodermics of morphine, in doses regulated by the head symptoms, will prove life savers, together with proper diffusible stimulation. Tonic doses of quinine are indicated during most of the course, till the fever abates, and then strychnine. Feed upon Peptonized milk with lime water, Malted Milk, Mellin's or Lactated Food, once in two or more hours according to the quantity taken; as a rule one-third to one-half a glass of milk once in two hours will be borne well if the bowels are kept open. To be sure the action of the bowels and the depressing effects of the disease render patients extremely thin, but with general abnormal pressure taken away from the organs during the pyretic stage, they will very rapidly resume their natural functions, the

waste will be replaced by rapid repair, and an uneventful recovery will be the ultimate result.

Summary.—First, cholagogues; second, germicides; third, disposition of debris; fourth, ward off complications; fifth, support. The second and third in the general course of treatment, form the *multum in parvo* governing the results.

Felchville, Vt.

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It is instructive to note the differences in the treatment of typhoid fever in various parts of the country. The soil of Vermont is so fully occupied in nourishing a particularly fine breed of men that it has no surplus left to feed malaria; so that quinine is relegated to a very subordinate place. But the reign of calomel is universal; though many confine it to the first days of the attack. This is, to my mind, the great defect of the Woodbridge method; after the first week it is better to let the liver alone.—ED.

TREATMENT OF COUGH.

By William F. Waugh, A. M., M. D., Professor of Practice, etc., Illinois Medical College.

THE winter of 1897-8 opens with an unusual prevalence of coughs and colds. Nearly every man one meets is coughing



W. F. WAUGH.

or sneezing; the placards of the Health Commissioner of Chicago, forbidding spitting, are disregarded, and every druggist has his remedies for pulmonary complaints displayed prominently.

To the public a cough is simply a cough; and the almost invariable query is: "What is good for a cough?" only varied at odd times by particularizing the malady as a "stomach-cough," "worm-cough," etc.; terms that perplex the young graduate mightily, and make him wish they would talk about

bronchitis, laryngitis, reflex irritation of the pulmonary termini of the pneumogastic, or some such good, plain English.

One of the first lessons he must learn is to appreciate just how much and how little of the medical science is known to the laity. When the lines of care have been graven deeply into his forehead and the snows of age sprinkle his head, he will have learned to respect the knowledge, the superstitions and the prejudices of the people, and will seek to learn from them rather than assert the superiority of his own attainments.

Nevertheless, the physician must learn something of the pathological condition present, before he pulls out his granule-case or prescription blanks. How often a glance into the mouth has shown an elongated uvula as the cause of the distressing cough. A gargle of alum or tannin, painting with glycerin of tannin or any strong astringent application, will soon give relief.

The cough of laryngitis is also distressing. Many persons are liable to this after any slight exposure to cold or wet. There is a tickling in the larynx, perhaps a sense of constriction, some wheezing on inspiration. The cough may come on in the night and last for an hour, when a little tough, adhesive, gray mucus is with difficulty ejected and the patient has relief. Opiates are of very little use here. Gelsemine, aconitine or veratrine may be taken to relax the congestion and equalize the circulation, a granule of either every quarter-hour for an adult, until the effect is manifest. Or, the parts may be stimulated to throw off the disease by scillitin, potass. bichromate or sanguinarine, a granule every quarter-hour. But the favorite remedy with us this winter is calcium iodide, gr. 1-3, a tablet every ten minutes. About seven are required to give complete relief; but many more may be given if necessary.

Laryngitic coughs are also relieved by the inhalation of steam, by a small blister

over the larynx, and in the acute form by a mustard foot bath and a general steam bath, such as can be obtained by the use of the invaluable Betz apparatus.

The cough of bronchitis requires much more careful study than is generally given to it. Too often the doctor prescribes some heterogeneous jumble of antagonistic remedies, such as that old humbug the brown mixture of the pharmacopœia. No drug should be given without a distinct idea of the effect to be obtained from it, and set prescriptions are to be avoided. In the acute stage, when the membrane is congested and dry, small doses of opium and ipecac lessen the irritability and "loosen" the cough by lessening its frequency. The best form is that known as the "modified Dover's powder," of which three granules may be given every half-hour until the effect is manifest. But with this an arterial relaxant should always be given, such as a granule of veratrine. The calcium iodide is of less value here than in the laryngeal affection, but in some cases gives prompt relief. The accessory treatment consists in laxative salines, hot baths and steam inhalations, with stimulating applications to the chest, of which none is better than the *linimentum ammoniæ* of the dispensatory.

In the very young and the very old, acute bronchitis is dangerous to life; and requires watching. Any sign of weakness should be met (and it is good practice to anticipate it) by strychnine arseniate, gr. 1-134, every hour or oftener for an adult. It enhances the sensibility of the mucosa, and hence assists the patient to recognize the presence of mucus, and strengthens the efforts to eject it. For these reasons it would seem that the use of strychnine should be limited to the aged and the young, but those who believe in stimulating the affected tissues to throw off disease and resume healthy action recommend the arseniate in full doses during the acute attack. But in ordinary cases the indica-

tions are for tartar-emetic or aconitine rather than stimulants.

If Dover's powder is not indicated, codeine alone should be given to restrain the cough. This salt excels morphine in lessening the irritability of the pulmonary nerves, and should replace the more powerful alkaloid in all cough mixtures. A granule may be given, gr. 1-67, every ten minutes, and gr. 1-6 at one dose at bedtime.

When the spasmodic element is marked and dyspnea occasions most of the suffering, the older method of nauseation may well give place to the use of hyoscyamine, of which a granule, gr. 1-250, may be given every quarter to one hour, until the mouth begins to feel dry, the face to redden or the pupils to dilate, when the remedy should be suspended. At the same time fever may demand aconitine, or rather veratrine if the secretions are scanty; cough may require codeine; heart-weakness, digitalin; and the more closely the attack resembles asthma, the more likely is it that aspidospermine will prove of benefit. But practically I find more cases require gelseminine than any of the above. Here, also, the hot bath and the inhalation of steam give us material assistance. If the cough tends to become paroxysmal, with regular recurrences, the quinine arseniate granules, gr. 1-67, should be given, one to three every hour.

As the attack breaks up, one of several conditions may appear. The sputa may become purulent, when calcium sulphide, gr. 1-6, with calcium hypophosphite, gr. 1-6, should be administered every two hours. If the sputa becomes gray and scanty, with a sense of pressure or constriction, emetine, gr. 1-67, and ammonium chloride, gr. 1, are to be given every quarter to one hour until relief ensues.

To the very free excretion of thin, serous sputa the name of bronchorrhea is given. This may appear as a simple exaggeration of the natural discharge, when

the benzoates are most valuable in doses of gr. 1-6, every quarter-hour, with atropine, gr. 1-1000 to 1-500, and a rich, nutritious diet.

In other cases the profuse sputa are really colliquative, as in the terminal stages of phthisis, when the night-sweats are checked and the serum escapes through the lungs instead. Atropine should here be given in full doses, gr. 1-125, repeated every two hours, with calcium lactophosphate, gr. xx daily, in divided doses, and strychnine arseniate, gr. 1-30, every two to four hours. By these means life may be prolonged a little further.

In a third variety the abundant serous flow is due to broncho-pneumonic mycosis, the sputa being a culture fluid of some invading micro-organisms. This is the most difficult form to treat. I have given the balsams in full doses, with very little effect; but by the use of iodoform, gr. 1-2, oil of eucalyptus, gtt. 2, and myrrh, gr. 2, given in capsule every hour or two, I have managed to afford relief. Steaming the pulmonary tract with the fumes of boiling vinegar is useful in this condition, but the ordinary antiseptic sprays are useless.

Sometimes a bronchitic cough persists from habit perhaps, or because the tissues cannot quite institute the curative process. In this condition, when an acute attack has run its course and then only, copaiba is a remedy by the use of which a stop will speedily be put to the cough. My attention was directed to this remedy many years ago, by a druggist whose cough drops had acquired quite a reputation for curing coughs "when everything else had failed;" that is, when the acute attack was over and the affection threatened to become chronic.

In chronic bronchitis, in the latter stages of consumption, and in bronchitis of the aged, there may come a time when the patient does not cough enough. The mucosa has lost its sensibility, the sputa

accumulate until the lips become cyanotic and the senses sluggish, and yet the patient does not feel the need of coughing to expel the mucus. This may decompose, and fetid bronchitis result. Now this is the place, the only place, for the much-abused squill and senega of the "shot-gun" formulas. A granule of scillitin, senegin or sanguinarine, with a grain of ammonium carbonate, should be given every half-hour or oftener until the bronchial sensibility is aroused and the lungs freed of the obstructing secretions.

For the cough of consumption, or at least for what little is left of it when iodoform is used as it should be, there is nothing better than the steaming with boiling vinegar, with an occasional fumigation with burning sulphur, as suggested by Dr. Brewer in this journal. (See February CLINIC, 1897, page 90.)

Reflex cough may occur from the stomach, bowels or any other part of the body. The treatment is that of the exciting cause. To reduce the nervous irritability that makes such a cough possible, there is no better remedy than cicutine hydrobromate, gr. 1-67, every one to three hours. Hyoscyamine is also valuable; while we sometimes find that debility of the nervous system is at the bottom of these cases, and a course of brucine, gr. 1-67, every hour or two will work wonders.

I will close this paper with a few words that might well have opened it, upon prophylaxis. The routine daily use of cold water to part or all of the body, with woolen underwear, good, thick, solid shoes, moderation in eating, and exercise in the open air, are the best prophylactics. If the patient cannot bear this, send him to the West Indies, where the climate will permit an out-door life all the year round. Hot salt baths are very invigorating when cold ones cannot be borne. Very susceptible individuals should be rubbed with oil every day, and wear lamb's wool, chamois or oiled Japanese paper next the skin.

Mouth breathing must be avoided. Many colds are uricemic in their origin, and are caused by eating too much meat. Scrofulous children should have calcium iodide and hypophosphite daily for months or years.

103 State St., Chicago.

DRAINAGE AFTER CURETTEMENT FACILITATED BY THE UPRIGHT POSITION.

By C. E. Ide, M. D.

I WISH to call attention to a question which the observation of cases demanding curettement has for some time



C. E. IDE.

strongly impressed upon my mind. It is this: why are women so universally kept in the recumbent position for a long time after curettement as a matter of routine, undergoing in consequence a slow con-

alescence with long continued and often profuse discharge, when experience has shown that it is much better to have the patients assume the upright position as soon as fever is gone and their strength will permit?

Let it be understood that these remarks apply to uncomplicated cases where curettement is the only treatment indicated, such as old subinvolution, endometritis, metritis and dysmenorrhea, and not where there is coexistent disease of the adnexa or pelvic peritonitis demanding the recumbent position as a part of the indicated treatment, or high temperature, septicemia or hemorrhage. It is the purpose of this paper to claim that such cases recover much more rapidly and satisfactorily if they are made to resume the upright position and move about at an early date after the operation.

It is not necessary to administer an anesthetic in all of these cases and thus add one more condition to be recovered from.

While a hospital interne I observed that all women who were curetted were anesthetized for the operation and then kept in bed, on their backs, for a longer or shorter time (three to six weeks, or more), according as the discharge continued. I even felt sure many times that the discharge originated in the cervix and continued long after the interior of the uterus had returned to a normal condition. There would be no fever, no increase of pulse-rate, the appetite would be good and the patients would ask day after day for permission to get up. The decubitus would encourage the development and continuance of obstinate constipation and sluggish circulation. Again, there was good opportunity for a softened uterus, during involution, to assume a backward position just the reverse of the normal.

After studying these cases the conclusion was reached that the women would be much better off if they were propped up in bed more and more, so as to rapidly assume an upright sitting posture, and then get them out of bed and around on their feet in the shortest possible time, continuing the gauze drainage as long as necessary. Many of the women need not be kept in bed at all after the first day, and those who are not anesthetized need never be put to bed at all on account of the operation. The upright posture favors normal position of the uterus, improved circulation, daily evacuation of the bowels, a cheerful frame of mind and rapid recovery from the accompanying anemia.

These conclusions are drawn from the observation of cases, including those of endometritis simple, fungous, syphilitic, gonorrheal and septic; endometritis with displacement; endometritis and metritis with displacement from old subinvolution after labor and abortion; cases of endometritis in which sapremia supervened; even cases of endometritis and metritis from subinvolution due to retained secundines in which the patients had already

been kept in bed so long that there was posterior displacement; cases with fever and without; cases with bladder and rectal complications. There are included cases in hospital and private practice, in dispensary and office, cases which were anesthetized and those which were not.

I have selected for illustration four cases in which there was profuse discharge before operation. Two were done under anesthesia, three in the patients' homes and one in my office.

Case 1. Mrs. D. F., aged thirty-three, menstruated first at the age of thirteen, had one child at the age of seventeen, history as to miscarriages indefinite. She came on August 4, complaining of her stomach and bowels. She was found suffering from syphilis, chronic gastritis, and constipation with some anemia. Further acquaintance with the case elicited the fact that she was suffering also from chronic pseudo-membranous colitis, with a neurasthenic condition, and much flatulence, with attacks of colic which culminated in typical hysteria and fear of heart-disease. There was posterior displacement of the uterus which interfered with the action of the bowels, and had produced stasis in the veins supplying the lower end of the rectum—hemorrhoids. The latter would often bleed. For these conditions the indicated treatment (lavage, rest in bed, baths, intestinal antiseptics, etc.) was followed with good result.

On November 15, she came again complaining of profuse leucorrhea. The speculum having been inserted, a constant stream of pus was seen flowing from the os externum. After further investigation the diagnosis of syphilitic endometritis was made and operation advised.

On November 22, she was anesthetized and curetted, an intra-uterine application of iodine made, and a drainage pack of iodoform gauze inserted and antisiphilitic treatment continued. The woman reacted well on recovering from the ether, after

the nervous system had manifested its perversion by a hystero-cataleptic attack. On the third day she was allowed up, as there was no fever, all indications being good. The discharge lessened at once and soon ceased, but the gauze packing was replaced by a strip of gauze five times, five days apart, to keep the cervix somewhat dilated, insure thorough drainage and stimulate the mucous membrane to complete repair. This woman had not menstruated for two years and supposed that she had undergone an early menopause, but after the operation menstruation resumed regularly.

Case 2. Mrs. B. S., married, aged thirty, one child, no miscarriage. This was a case of endometritis with displacement due to subinvolution following labor. There was profuse leucorrhea with backache, interference with the action of the bowels, anemia and the other ordinary symptoms. In this case no anesthetic was given. The woman was curetted in her own home on February 5, and the gauze renewed on the 9th; curetted on February 17, the gauze being renewed on the 21st; curetted on March 10, the gauze renewed on the 20th. The discharge lessened constantly and had ceased in a few days, all other symptoms improving. Each curettement was a stimulus to repair of the interior of the uterus and to involution while the displacement was being remedied.

This is a type of those cases in which the required stimulus is brought about much better by several mild curettements with the dull curette, followed by intra-uterine application and drainage, than by one severe curettement.

Case 3. Mrs. H., aged twenty-four, married, two children, the youngest being two years old, had several abortions brought by her own efforts. It was a case of fungous endometritis with posterior displacement following subinvolution, in which the most prominent symptoms were

leucorrhea, backache and sapremia with chills, headache and moderate rise of temperature. The sapremia was evidently due to retention of discharges above the bend in the uterus.

The displacement was remedied by replacement and tamponage of the vagina. On each occasion when the uterus was replaced it was curetted and douched. Curettage brought out fungous masses in just two instances. This woman was curetted in this way four times in my office without an anesthetic, keeping on with her work all the time. The cleansing of the interior of the uterus put a stop to the sapremic symptoms at once and the other symptoms improved constantly.

Case 4 was as follows: On July 24, I was called to Mrs. H., a primipara, aged twenty-two, who had been delivered, ten days before, of a male child weighing somewhere in the neighborhood of ten pounds. This, together with the fact that she had lain flat on her back and had done nothing to relieve her condition, was all the history I could obtain, excepting that her bladder had been the seat of pain and irritability. To be brief, on examination I found rupture of the perineum to, but not through, the rectal mucous membrane; a long tear up the left sulcus of the vagina; vesico-uterine fistula with the vagina filled with fetid urine; subinvolution with posterior displacement; obstinate constipation; acute cystitis.

On the 26th, the woman was anesthetized, her uterus curetted and douched with solution of creolin. A piece of placenta came away. The vagina and perineum were now repaired. Reaction was perfect and complete. For after treatment the bladder and vagina were irrigated almost constantly with a saturated solution of boric acid. Later, permanganate of potassium was used for the bladder. The discharge from the uterus lessened at once and constantly, until on the sixth day the vagina contained only urine. Involution progressed satis-

factorily and on the tenth day the patient was out of bed on a sofa. She had been propped up in bed more and more from the fourth day. On the fifteenth day when her nurse was discharged she could walk to the table comfortably.

The cystitis was well overcome by the fifteenth day.

At the present time the vesico-uterine fistula has closed by cicatrization.

These reports are not complete. It is unnecessary. They are cited as four cases with marked symptoms in which complete recovery was hastened and completed by getting the patients up as soon as possible, rather than keeping them down through an unnecessarily long period.

Buffalo, N. Y.

DOUBLE AMNIOTIC SAC.

By H. D. Fair, M. D.
Specialist in Nervous Diseases.

AN experience similar to the one here related may not be new to the majority of CLINIC readers, but it was the first of the kind I had ever met, and, furthermore, I had never seen anything in the text-books to which I had access in regard to the matter. Naturally I consider it worthy of note.



H. D. FAIR.

I would have been really much less surprised at

seeing twins sharing the same amnion, than to see one child the possessor of two.

On October 25, 1897, I was called to see a German woman about forty-five years of age, supposed to be on the verge of labor. She was the mother of eight children, six of whom are living. Her previous labors had been easy, excepting one, and recovery had been rapid and uneventful in each instance.

When I reached the house she was in bed and supposed she had come to full term. She had sharp shooting pains but

nothing like genuine labor pains. The day before, she did a washing and baking for the family, and on the morning of this day, when she awoke, she found the membranes ruptured and the bed flooded. She was very positive in regard to the rupture; and a woman who has been pregnant nine times is pretty good authority on some subjects. At no time were there any severe pains or a discharge of any kind excepting the amniotic fluid, and that was supposed to have come all at one gush.

By digital examination I found an undilated but pliable os, and pressing down close was a vertex presentation covered with what I supposed to be simply the collapsed "caul." I gave her a gentle stimulant to inspire the pains and hyoscyamine to control the peritonitis which appeared to be developing; but no labor pains were induced and twenty-four hours after my first call she was practically in the same shape. I was afraid we should have a dry birth or be compelled to use the forceps. The os uteri was very pliable and could be dilated with but little difficulty.

I did not wish to decide on any mode of action without consultation, so took one of my brother practitioners to see the case with me. He decided that it was a case of double sac, that the superfluous membrane only had ruptured and that the child was still surrounded by enough fluid to protect it. He stated that if true this was his third experience of the kind and advised me to let nature take its own course.

I had some doubts, but as he was an older man than myself, and one in whose ability I had the utmost confidence, I took his advice.

For the ten or twelve days following, the patient was up and down, some days having considerable pain and others comparatively free; appetite and functions normal.

The theory of my adviser proved correct, for on the evening of November 12 I was called again and found the patient walking

back and forth; the oppression and symptoms indicated "business." About 10 p. m. the second sac broke with a report like a pistol shot and in two hours a fine nine pound boy appeared on the scene.

The after-pains were quite severe, but next morning the mother was feeling good, without a particle of fever and is in excellent condition.

I would like to have Dr. Abbott comment on this a little if he considers it worthy.

Red Key, Ind.

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Doctor, no comment is necessary. You had a rare case, treated it well and it came out all right. What more do any of us want? Let us hear from you again. Your letter is pleasant reading.—ED. A.

THE GANGLIONIC NERVOUS SYSTEM AS AN ETIOLOGICAL FACTOR IN DISEASE, AND THE FEASIBILITY OF BASING DRUG THERAPEUSIS THEREON.

By Geo. M. Aylsworth, M. D.

THE idea has for many years been forcing itself unbidden upon the mind of the writer, that nearly all diseases find their first inception within the body in disturbed innervation. And as he believes there is not a micro-organism in existence that can make headway against the protective resources of the perfectly healthy human body, the recent etiological incursion of the microbe has not caused the idea to abscond.



G. M. AYLSWORTH

Enthusiastic bacteriologists will see in this an attack upon the germ theory of disease, and in a certain sense they will be correct. It is, however, too late for the writer to close his eyes to the prominent place occupied by micro-organisms in producing disease; and yet he would emphasize the point that even as with an unbroken

epidermis the hands may be safely bathed for hours in the most virulent poisons, so may the pathological bacteria unsuccessfully attempt to gain a lodgment in an organism whose trophic nerves have in no way been disturbed; the corollary being that nerve-disturbance is, within the organism, the primary cause of disease.

Just as pathologists, finding a hardened liver, an enlarged spleen or an hypertrophied heart, in describing their subject as having died of one or the other of these conditions, ignore the fact that their causes lie further back, in alcoholic absorption, malarial poisoning or abnormal exercise, so do therapeutists, finding the tuberculous lung or joint swarming with bacilli; the diphtheritic throat covered with their cousins, or the inflamed lung occupied by pneumococci, ignore the necessary antecedent processes before these microbes can get in their work as disease-producers.

It would seem as though we as a profession will never learn that diseases do not originate from diseased masses or bacteria, but that these are found as an effect of disease, and the token that it has been present. Shall we never learn that the *primary* cause of the patient's death was not from these pathological growths or micro-organisms, but from the process of disease which called the one into existence or permitted the others to flourish? For it appears to the writer that the therapeutist should not confine his attentions to the mere residues of disease and the products of death, but should look beyond and attempt to meet the causes of this destruction or the death processes themselves.

It is probably quite unnecessary for the writer to acknowledge that his views are not perfectly developed or thoroughly demonstrated within the limits of this paper, that the points brought out are not altogether new, and that there is no intention to try to exhaust the subject; but it is well for his readers to know that he is aware of these facts, and that he broaches

his subject as a field in which in his opinion some younger men, possibly more thoroughly trained, may dig and delve with the greatest benefit to themselves, to their conferees, and through them to their fellow men.

For the present time and purpose he bases his views upon the following data:

1. Section of sympathetic nerves of the neck is followed by a vascular congestion of the parts above the section on the corresponding side, attended by an increase of temperature. Not only is there an increase in the amount of blood, but the rapidity of the blood-current is very much increased, and the blood in the veins becomes of a brighter color.

2. Destruction of the first thoracic ganglion and division of the nerves forming the lumbar and sacral plexuses in quadrupeds is followed by a dilatation of the vessels to which their nerves are distributed, as well as an increased rapidity of the circulation, and an elevation of temperature in the anterior and posterior limbs.

3. Division of the splanchnic nerves causes an enormous dilatation of the blood-vessels of the intestines.

4. Division of the trunk of the sympathetic in dogs, opposite the third or fourth cervical vertebra, is followed with remarkable rapidity by disturbance of the circulation of the eye; giving rise to a swollen and apparently inflamed state of the conjunctiva, a retraction of the eyeball, with protrusion of the fold of the conjunctiva and a flow of tears.

5. Similar effects are produced when the superior cervical gland of a horse is extirpated.

6. These effects are produced immediately, or within a very few minutes of the section or extirpation.

7. These effects are produced by interference with the ganglionic nerves and not with the cerebro-spinal; for section of that portion of the fifth nerve supplying the eye will not produce them. True, section of the latter nerves produces ulceration

and other signs of impaired nutrition, but these changes do not occur until much time, usually many hours, has passed.

In this case the hyperemia is induced by irritating particles being allowed to remain indefinitely in contact with the conjunctiva, owing to its loss of sensation, while the effects produced by section of the sympathetic are immediate.

With existing knowledge it is difficult to question the above as a general basis, but to become more specific where the field is so wide, the writer would confine himself to the consideration of one disease, selecting pneumonia as one with which all are familiar, and the treatment of which, to say the least, is in a nebulous condition.

When it is remembered that the functions of the medulla oblongata are almost purely reflex and automatic, that it has on its list of reflex centers, bilateral centers for coughing and sneezing; and on its list of automatic centers, respiratory, cardio-inhibitory and cardio-accelerating centers; and in addition, it not only contains vaso-motor centers which control the unstriped muscles of the arteries, but is believed to have also a vaso-dilator center, stimulation of which produces vascular dilatation; that filaments from the anterior and posterior pulmonary plexuses (which are derived from the sympathetic and pneumogastric) accompany the bronchi until so finely divided that they are lost; the possibility of a disturbance of the energy of the ganglia producing through the medulla the symptoms of pneumonia, becomes at least a probability. And when one is convinced, like Da Costa, that it is not only a probability but a fact, that pneumonia is sometimes produced by an injury to the vagus, to widely extend its application is easy.

In the lungs we have an organ that is more largely supplied by the ganglionic nerves than by the cerebro-spinal; its functions being performed, when everything is normal, almost exclusively by the former through the above mentioned reflex and

automatic centers in the medulla. But upon occasion the will becomes accessory to the involuntary or automatic action.

The current etiology of pneumonia, aside from germs, ascribes no influence in increasing its frequency to any particular causes, except those that depress the vitality. Osler, who is almost persuaded that pneumonia is produced by the diplococcus pneumoniae, introduces the following saving clause into his remarks:

"It is not improbable that the various predisposing causes, such as cold, exhaustion and debility, lower the vitality and render the individual susceptible, thus changing the character of the tissue soil so that the virus can grow and produce its specific effects."

In making this statement he almost admits the correctness of the writer's contention, and is wise in his generation; for the evidence in favor of the diplococcus being the primary cause of pneumonia does not appear to be very convincing. He himself admits that this microbe is present in the buccal secretion of at least twenty per cent of healthy persons; that it persists for months in the saliva of persons who have had pneumonia; that it is found in pericarditis, pleurisy and meningitis, and has been found in the last two without the patient having had pneumonia. In fact about the only circumstance pointing to the correctness of the view of the microbial origin of pneumonia is the occurrence of the disease as an epidemic. Investigation, however, would probably demonstrate that the persons attacked in a given epidemic had been subjected to similar sanitary conditions, and it is only necessary to read W. B. Rodman's description of one of the worst epidemics of pneumonia on record, occurring as it did in a prison in Frankfort, Kentucky, to be convinced that it was the depressing effects of the unsanitary conditions there existing that in one year caused 118 cases and twenty-five deaths from pneumonia, in a population of

735. When you know that in this extreme instance it was impossible for those unaccustomed to it to breathe the air on a level with the upper tier of cells longer than a few minutes without becoming ill, you will think, in that they did not all die, this was a remarkable exhibition of the power of the human animal to resist unsanitary conditions rather than an instance of a single form of microbe overpowering one-sixth of a community.

The view the writer wishes to press upon your attention is that it is some cause disturbing the energy of those ganglionic centers that control the pulmonary circulation that induces the condition known as pneumonia, or the so-called inflammation of the lungs; just as the withdrawal of the ganglionic nerve-force controlling the eye produces the symptoms of conjunctivitis; the severity of the attack varying with the sum of the disturbance of the ganglionic nerve-force. For, setting aside the morbid anatomy peculiar to lung-tissue, the pathological conditions of the tissues in pneumonia, whether idiopathic or induced by an injury to the vagus, are identical with those found in the conjunctiva after division of the sympathetic nerve supplying it.

This fact alone would seem enough to entitle to serious consideration and discussion the view that, within the organism, it is primarily the disturbance of the ganglionic nerve-centers controlling the pulmonary circulation that causes the condition known as pneumonia. If this be granted what a wide field for speculation, experimentation and study, is thrown open to investigation; for all the conditions hitherto known as inflammatory are immediately brought within the scope of this etiology.

Then there are those large classes of diseases for which we have been unable to find adequate causes in the directions in which we have been searching. The mention of influenza, diabetes and exophthalmic goiter causes the medical mind to take

wide flights into nosology, in search of diseases of a similar type from the etiological standpoint.

And is it not possible that A. J. C. Skene and Arthur W. Johnson are right when they say they believe "that the chief cause of carcinoma is failure of the trophic nerves, which, presiding over all tissue changes, certainly play an important part in the etiology of cancer, and have a certain bearing upon the question of treatment"?

Be this as it may, no one who has seen or felt recent congestion of the ovary or testicle melt away under pulsatilla, varicose veins regain their tonicity under hamamelis, the uterus contract or epistaxis cease under ergot, or mastitis cured by phytolacca, can deny that there are drugs that act directly and specifically upon the ganglionic nervous centers, producing cures.

The writer would go farther and express his absolute faith in the existence of a specific for every diseased condition; but if asked to name them all, he would in reply paraphrase the words written by the Apostle to the Gentiles: Brethren, I count not myself yet to have apprehended; but one thing I do, forgetting the things that are behind and stretching forward to the things that are before, I press on unto the goal, unto the prize of therapeutic exactness.

The writer then has for years been searching for specifics, and is convinced that there are drugs that will bring the heart-pulsations to the norm, tone up the capillaries of the engorged lung, by righting the wrong of those portions of the ganglionic nervous system controlling these functions, and thus cure pneumonia by the specific use of drugs.

But no one who stops to think would expect to use the same remedies as a specific in a case of pneumonia occurring in a teamster on the shores of Georgian Bay, and another occurring in a prisoner whose sleeping place was the upper tier of cells in the Frankfort prison, simply

because they were both called pneumonia.

The one living at an elevation of several hundred feet above the water of the bay, in the purest of atmospheres, and whose vessels are filled with the richest blood from long and severe exposure to wet and cold, contracts pneumonia; giving a fair example of what Kirke's physiology describes in the following words: "Stimulation of an afferent nerve may produce a kind of paradoxical effect causing a general vascular constriction, and so a general increase of blood-pressure, but at the same time local dilatation, which must evidently have an immense influence in increasing the flow of the blood through the part."

While the quantity of blood passing to and through the part is increased, the local dilatation causes a certain amount of stasis. The result is the production from rude health of an almost instant engorgement and consolidation of lung-tissue; the symptoms being a full, strong, bounding and rapid pulse, temperature from 104 to 106° F., violent, sharp, lancinating pain, with great difficulty of breathing; frequent painful cough with expectoration of frothy mucus; patient much excited.

The writer's data for treatment are: *veratrum viride*, by depressing the highly stimulated cardio-accelerator centers; dilating the vessels and reducing vascular tension, undoubtedly greatly lessens the frequency of the pulse, lowers the temperature and quiets the breathing, therefore this drug is prescribed. Patients under the influence of *gelsemium* look dull and heavy, with drooping eyelids, often feel sleepy, but deny that they are conscious of mental depression; therefore *gelsemium* is prescribed. *Bryonia alba* removes sharp pains about the chest; therefore *bryonia* is prescribed.

The other case, such as occurred in the Frankfort prison, suffering from mental despondency and the continuous absorption of depressing poisons, presents a picture

of the more gradual withdrawal of nerve force. He feels unwell for days before giving up, and when seen the condition is found to be: engorgement and consolidation of the lung-tissue; pulse small, weak and rapid; temperature 101-3°; little or no pain; slight cough; prune-juice expectoration; patient dull and inclined to sleep a great deal.

The writer's data for the treatment are: *aconite*, by stimulating the inhibitory center of the pneumogastric, according to Achscharumow, in the small dose undoubtedly slows the pulse in this instance when all the vital forces are depressed; therefore *aconite* is prescribed. *Belladonna*, from its bracing effect upon capillaries, is specific in capillary congestion; it also affects the mind in a peculiar manner—the ideas being at first rapid and connected—therefore *belladonna* is prescribed.

Asclepias tuberosa tends to bring the pulmonary circulation to the norm in both conditions, through its influence over the centers controlling the circulation of the blood in the bronchial arteries, and is therefore prescribed in both cases.

The writer has attempted to picture the typical extremes of what passes under the common name of pneumonia, and from his experience in it with the drug treatment outlined above, he would expect amelioration of the symptoms in both within twenty-four hours, and cure in the former case in three or four days. In the latter more time is required to permit the nervous centers to free themselves from the poison with which they have been so thoroughly permeated, and very probably removal from the unsanitary locality would be necessary to enable the depressed vital forces to overcome the fresh incursions of the poison and thereby permit the nerve-centers to resume normal action. Of course, we cannot directly increase vital energy, but only indirectly by giving the residue already present an opportunity to do so. So that by cure is meant the re-

moval of all abnormal symptoms and thereby this opportunity afforded. This is obtained by using the drug in doses too small to produce any perceptible effect in a normal condition of the system.

As there is an infinite variety between the conditions existing on the shores of Georgian Bay and the Frankfort prison, so does there occur an infinite variety in the types of pneumonia. And in the opinion of the writer it is the more or less perfect adaptation of the needed drugs to these varying causative and induced conditions that indicates the skill of a given physician as a therapist.

There is no intention of setting up a claim to originality when suggesting this use of asclepias, for under the name of pleurisy root it has had a great reputation in chest affections among the laity of the Southern states ever since their first settlement by the whites. (See U. S. Dis.) And Dr. Webster, of California, writes: "Asclepias tuberosa is quite active in controlling excitement in the area of distribution of the bronchial arteries. It is therefore very useful in pneumonia and bronchitis. I have employed this remedy in these conditions for years with the best results, and regard it as the most positive agent of its class that we possess.

"This remedy is applicable to disturbances of the circulation in parts supplied by the distribution from the thoracic aorta, especially the area supplied by the bronchial arteries. And if we reserve it for this place we shall not confuse it with more appropriate remedies, and will hardly fail to derive satisfaction from it in acute disease of this part."

And the writer from his experience merely endorses these statements.

Were it Ringer, Bartholow or Hare who wrote thus, no nagging would be needed to have the members of the profession accept these statements, far enough at least to induce them to try the experiment; but the obscurity of their present advocates

necessitates the following argument. Under the head of Parturition Center, an authority upon physiology recently wrote: "The center for the expulsion of the contents of the uterus in parturition is situated in the lumbar spinal cord. The stimulation of the interior of the uterus by its contents may under certain conditions excite the center to send out impulses which produce a contraction of the uterine walls and expulsion of the contents of the cavity. The center is independent of the will, since delivery can take place in a paraplegic woman and also while the patient is under the influence of chloroform. Again, as in cases of defecation and micturition, the abdominal muscles assist, their action being for the most part reflex and involuntary."

Enough of my readers have tried Jenks' suggestion, which is endorsed by prominent obstetricians, to establish beyond peradventure the efficiency of viburnum prunifolium in preventing the premature expulsion of the ovum, without other perceptible effect upon the organism.

It is difficult to see why, if, as in this instance, a drug acting directly and exclusively upon the parturition center proves curative, we should deny the possibility of a remedy existing which will prove curative in pneumonia by its direct and exclusive effect upon the centers controlling the circulation in the lungs. So simple and feasible a theory of therapeutics will not be acceptable to ultra-scientific teachers, such as expect the rank and file of the profession to place authority upon the pedestal of dethroned reason, and go about squirting into the cellular tissue of their patients a testicular *aque vite* or converting the maternal passages after normal labor into a sluice for frequent antiseptic douches. And yet the *Ultima Thule* of therapeutic pessimism—expressed in the following words by a very recent and extremely prominent authority upon the practice of medicine: "Pneumonia is a

self-limited disease and runs its course uninfluenced in any way by medicine. It cannot be aborted or cut short by any known means at our command"—causes such positive statements as to positive benefit from such a positive course of drug-treatment in pneumonia as the writer has outlined, to be received with incredulity mingled with pity for the deluded enthusiast daring to advance them.

This whole matter of the primary cause within the organism of disease may at first glance appear to be a case of splitting hairs, but second thoughts may possibly make its importance clear. For instance, one authority tells us that, "in pneumonia the fever depresses the nervous system, causes cardiac weakness and so endangers life." The writer is trying to emphasize the view that disturbance of nervous energy, at the point of its generation, from some extraneous force, is the primary cause, and therefore of the rise of temperature, while the authority claims the rise of temperature to be the cause of the nervous disturbance. Thus the authority's secondary symptom, the disturbed nervous center, is the primary cause of the writer, and his secondary symptom, the rise of temperature, is the authority's primary cause. The difference would seem to be more than a jumble of words—for all will admit that successful treatment of the primary cause will remove the secondary symptoms and thus cure the deviation from the norm.

The great mass of authority agrees with the one just quoted, and the writer may perhaps be the first to devote a paper exclusively to so strongly presenting the views he has adopted; and he well knows from experience that he lays himself open to unfavorable, if not unjust, criticism by daring to advance views in opposition to recognized authority; but he also knows that the authority of to-day is the back number of to-morrow, and though declining to ignore his reasoning powers at the behest of any authority, he desires to point

out that the views he is advancing and which he has reached through observation as a pure clinician, while to some extent antagonistic to the ultra-scientific trend of the day, have had their germ floating about in medical literature for some time. Witness the following from a work upon medical gynecology published in 1895, by one of our ablest specialists: "In this age when the germ theory of disease is (deservedly) occupying the professional mind to a great degree, one must be careful not to overlook other fruitful sources of human suffering. I am led to believe that nerve-influence upon the cells and their protoplasm is the chief factor in making them perform normal work—far more so than blood-supply. And it is to nerve-influence that we have to look for the production of function changes, making the cells do too much or too little at the wrong time, or making them do too much or too little of some part of their duty. And these nervous impulses are, in turn, brought about either by extrinsic influences, such as heat, cold, peculiarities of the atmosphere, or strong impressions made upon the senses by profound silence and darkness, or extraordinary noise and glaring lights; or they may be induced by mental emotions which derange the innervation and secondarily modify the circulation, assimilation and destructive metamorphosis. By far the greater number of functional disorders that arise from deranged innervation have their genesis in morbid emotions." And the most noted diagnostician on this continent after pointing out that exophthalmic goiter, some kidney diseases, ophthalmia, and pneumonia, are sometimes the expression of nervous derangement from injury or otherwise, declares: "That the medicine of the future will most likely acquaint us with many more disorders of glands and viscera which originate in altered nerve-structure and perverted power."

Should any condemn without looking

into these views, the writer thinks he would be justified in classing them, in the words of Skene, as among the "many who have failed to see how the trend of modern physiology is steadily against the association of functional activity with blood-supply alone," and that "a constant tendency of modern investigation is to prove how many complex events throughout the entire body are brought about from local changes in organs in connection with these sympathetic nerves."

In any event he hopes the data he has submitted and the arguments he has attempted to present will enable him to escape the charge of having taken up space without due consideration.

3rd Street, Collingwood, Can.

CATARRH.

By John E. Bacon, M. D.

PART VII.

"A night with Venus and a lifetime with Mercury."

SYPHILIS, of all the constitutional diseases having local manifestations, is the one which most frequently comes under

the observation of the nose and throat man, and by having a proper understanding of the disease in all its forms much real good may be done, but a failure to recognize it in good time may be



attended with the most disastrous consequences.

Syphilis is not always a venereal disease and its victim ought not to be so universally despised and systematically robbed. Witness the many cases of infection among physicians, the vast majority of which are acquired while performing professional service. Remember the many reported cases of chancre of the lips, tongue, tonsil,

and finger, which occur in cases of young and innocent girls, trained nurses, and wives who come to you in total ignorance of the nature of their malady, and bear in mind that the virus may be conveyed by a kiss, a handshake, using table linen, towels, and by wearing clothing belonging to another, and learn to pity rather than despise, learn to study each case as it comes and carefully treat it rather than dismiss with your stock prescription for syphilis in all its stages.

The physician should carefully inform each patient of the infectious nature of the discharges of syphilitic sores, and warn him to have toilet articles of his own, table linen and dishes, and that his soiled clothing should be disinfected before sending to the laundry, that the innocent may not suffer also.

It is not within the scope of this paper to discuss the disease generally, and therefore the consideration will be limited to lesions of the upper respiratory tract, and to the hereditary and the acquired forms of the disease.

Hereditary syphilis should be constantly borne in mind by every physician who has much to do with children, as the general practitioner always has, and he should remember that it is met with quite as often in the palace as in the cot. The most constant as well as one of the most characteristic symptoms of the disease occurs in the well-known "snuffles" of infants. This is an inflammation of the nasal mucous membrane associated with a muco-purulent discharge, obstruction to nasal breathing, and an inability to nurse with comfort, the child frequently letting go the nipple to breathe and incidentally to cry. The mucous membrane will be found to be in a state of subacute inflammation with much engorgement of the intra-nasal structures, which at this period of life consist almost exclusively of mucous lining.

After a few weeks, if the child still

* This article closes a series of papers that has been running through several issues of the CLINIC. You may order your subscription dated back to the beginning month, or we will supply the set, post paid, on receipt of 10c each.

lives, small sluggish ulcers may be made out, which if not checked will surely attack the bony framework of the face in due time. The progress of the disease will largely depend on the general health and nourishment of the child, in some cases proving rapidly fatal and in others causing but little disturbance for some months or even years. True coryza from cold is rare in infants of a few weeks or months of age; adenoid overgrowth is also quite rare without predisposing cause, and in the absence of these conditions "snuffles" should always excite a suspicion of hereditary syphilis. The manifestations of this disease almost always appear before the end of the sixth month of life, and if they are not discovered until perforation of the hard palate or necrosis of bone within the nasal chambers occurs at the sixth or eighth year, it is not because the symptoms did not exist in infancy, but because they were not recognized. Always when called to treat a case of "catarrh" in an infant, or when you see a case being washed out with "sage tea" at home because it had a bad cold, investigate fully and sometime you will be rewarded by being able to save some individual from the disfigurement of the tertiary ulceration.

The diagnosis may be aided considerably by the history of the parents. If either has ever had syphilis that will put you on guard. If the mother tells you that she has had several abortions and perhaps a stillborn child, and then this child who presents nasal symptoms, the presumptive evidence is in favor of the child's having the disease. Question the mother about and look for macular or papular eruption about the anus and genital region, look for slits or fissures at the muco-cutaneous junction at the anus and on the lips, look for the eruption on the soles of the feet and palms of the hands, and don't forget that the hair may fall in the congenital type just the same as in the acquired form. The syphilitic newborn has a characteristic

"old" look and is usually under weight and weaker than the normal child of like age. Given the major part of the above symptoms in a child and you may infer syphilis, and if the history can be obtained then it is certain, and treatment may be entered upon with a reasonable hope of success.

When a child of from five to twelve years of age is brought to you with a fetid discharge from both sides of the nose and a history of having had "catarrh" for a long time, search carefully for necrosed bone of the vomer or of the hard palate, and pharynx. Examine the lymphatic glands all over the body for enlargement. If the second teeth are developed look for Hutchinson's teeth, which are the upper central incisors, having a notched or concave inferior edge. These are quite a valuable confirmatory sign. The treatment of hereditary syphilis does not differ from that of the acquired form materially and will be considered with the latter.

Acquired syphilis is met with in all ages and in every walk of life, and here again it behooves the physician to be most watchful. The initial lesion is seen frequently on the lips, tongue and tonsil, and a few cases are recorded in which it has been seen on the mucous membrane of the nasal passages. The mode of infection is usually by the finger nail which has been contaminated with the virus from some syphilitic sore, and most of such cases have occurred among male and female nurses, nursemaids and in children, and a knowledge of this fact should form another warning against the detestable habit of "picking the nose."

Chancre of the nose is difficult of recognition without history of exposure to infection, but every indurated sore in this region should be suspected and watched under palliative treatment until the presence or absence of bubo on the neck or of the secondary symptoms clears the diagnosis. Cleansing treatment followed

by the application of calomel and boric acid in powder will rapidly heal it.

Secondary syphilis makes its presence felt in the nose at a period varying from six weeks to six months after the initial lesion, and usually takes the form of a rather abundant muco-purulent discharge from both nostrils which is most often disregarded by the patient as a common cold. Examination will reveal nothing characteristic as the parts will present the appearance of ordinary rhinitis more or less acute. This may continue as it appears for an indefinite length of time, until it disappears under appropriate treatment, if the diagnosis be made from other symptoms elsewhere, or until the mucous patch appears in the nose and in the mouth and throat. It is unfortunate that this period is not marked in its symptoms, as at this time intelligent treatment will accomplish much.

Except in the most formidable and grave cases of syphilis, which fortunately are rare, the tertiary symptoms do not appear until a year after the original infection, and sometimes a longer time will elapse. The manifestations of the third stage, however, are so severe that the patient usually seeks relief early, and at this time an immediate diagnosis is imperative, as these changes are of the most destructive character.

The tertiary lesion is gumma, and the breaking down of the gummatous infiltration into active ulceration is responsible for the terrible ravages of the disease within the nose. The cartilage of the septum first becomes infiltrated, and this soon gives way to active ulceration and the destruction of almost the entire cartilage may take place in a few weeks' time. This allows the tip and alæ of the external nose to sink in. The vomer is next attacked and is perforated and exfoliated, thus removing the support of the bridge of the nose, and it sinks in and flattens, producing the well-known "saddle nose." The hard

palate is next or coincidentally attacked and perforated, giving rise to the well-known symptoms of the mouth and throat, and the rest of the bony structures of the nose and head follow in turn, until exhaustion from the poison in the system or syphilitic meningitis destroys the patient. Sequestra are common and necrosis of all of the soft parts follows with active exfoliation, and this process is accompanied by the well-known and never-to-be-forgotten stench of the disease. All this may occur within two months and on the other hand may take years. The process sometimes ceases spontaneously only to be lighted up again months or years later.

The diagnosis is easy. It must be distinguished from lupus or tuberculosis as indicated in previous papers. Sarcoma and cancer have peculiar symptoms to themselves which it would be impossible to mistake for syphilis.

A case: Mrs. Blank, aged twenty-six, married seven years, has two perfectly healthy children, consulted the writer last March for obstructed nasal breathing and "catarrh." She stated that she had had a discharge for a year and has had ulcerated sore throat, which has been repeatedly "burnt" by her family physician, but that recently she cannot take her breath through her nose and has slight asthmatic attacks. Otherwise she is in perfect health, having a good appetite, regular bowels and regular menses. She has never had an abortion.

Examination of the left naris reveals great swelling of the septum, the membrane being of a deep red or purple hue; it does not fluctuate, but is hard to the touch, it is not sensitive and covered with a profuse watery secretion, so it is neither abscess of the septum nor acute inflammation. The right chamber shows enormous swelling of the inferior and middle turbinates, so great that almost no air is admitted through that side. The color is the same as on the opposite side. A tenacious muco-pus covers the membrane on both

sides and appears to drop into the throat on phonation, as she frequently "hawks" and raises some of the same.

No diagnosis can be made from these appearances but a glance at the throat revealed absence of the soft palate, the remains having reddened raw edges covered with yellowish pus, and two circular ulcers of the wall of the pharynx with elevated indurated edges and the floors covered with the characteristic greenish slough of syphilitic sores; the larynx showed much congestion and a rounded tumor projecting from the left ventricle almost to the center line. Now the diagnosis of tertiary syphilis with gummata of the nasal passages and of the larynx is easy.

It is sufficient to state that under the exhibition of mercury protiodide for a month and increasing doses of iodide of potash for three months the gummata swellings in the nose disappeared, the pharyngeal ulcers healed and the raw edges of the remains of the soft palate cicatrized. The larynx was most troublesome and the gumma there broke down and the resulting ulcer healed but very slowly, and is yet under treatment. This patient took four granules of the protiodide of mercury three times a day for nearly a week, when the gums began to swell slightly, then she continued with two granules three times a day for a month, when the iodide was begun. She took thirty grains three times a day for three months and is now taking twenty.

The local treatment was warm boric irrigations to the nose followed by iodoform in powder, and the same treatment to the larynx, except that now the laryngeal ulcer is being touched tri-weekly with silver sol. twenty per cent and dusted with iodoform. She is practically well and will get entirely so. This patient does not know what is the matter with her and has not been told, as she has always from motives of cleanliness been herself most careful of her toilet articles and linen, etc., as she

thought her throat was "nasty" as she expressed it. In cases where infection of others is liable to occur one should unhesitatingly inform the patients of their true condition, however, to prevent dissemination.

Treatment: Mercury is the sheet-anchor in the treatment of syphilis. Iodide of potash is indispensable. Syphilis can be cured by the use of these remedies assisted by good habits and time. Mercury by inunction in the treatment of hereditary cases in children will be found the best. Apply it to the inside of the band of the infant daily for three weeks, skip a week and resume until you see the effects, then follow it up by tonics and good out-of-doors living, with salt baths with friction twice weekly, and calomel in fractional doses by means of the little granules, which here find a most important place. Cod-liver oil, syrup of iodide of iron, and such general treatment as the case demands must be used with discretion. Keep your little patient under observation for five years if you can and give a course of mercurial treatment every few months until the case grows out of your hands well. The local treatment is simply cleanliness and symptomatic as ulceration is or is not present, etc.

In the treatment of acquired syphilis the same general rules hold good and the same drugs are indicated. Inunction with mercurial ointment is the very best way to get the impression, then keep it up with the granules of the protiodide, bichloride, or tannate, as experience tells you which salt works best in individual cases. The plan of the writer is to keep each case under alternate courses of mercury and iodide of a month each, and then a third month without treatment may be allowed, but courses of a month each four times a year are required for at least three years, when if no signs have appeared the patient may be considered well.

The local treatment of the tertiary cases

is most important and disagreeable. Cleanliness by means of Seiler's solution is always requisite. The solution may be used with the douche or post nasal syringe and the patient must learn to keep himself clean with one of these. Peroxide of hydrogen is very useful here and has the advantage of being a powerful deodorizer. Permanganate of potash solution, 1 to 2000, used with a douche is also very valuable, being a good antiseptic and deodorizer. Sequestra of dead bone should be gently removed with forceps and necrotic tissue gently scraped away. Iodoform in powder is most useful when the patient's circumstances permit its use; and when they do not, use aristol or euophen mixed with boric acid and freely dusted within the chambers. Sluggish ulcers may be touched with silver nitrate, twenty-five per cent solution, and dressed with the powder.

Stop alcohol and tobacco, insist upon plain good food, out-door work and early retiring hours, and be faithful and persistent in your treatment. In no disease will the patient efforts of the medical man bring more physical relief or mental comfort than in this, and to this end one must make each case a special study and labor honestly for the answer.

If this series of brief papers has arrested the attention of some who used to say, "It is catarrh and can't be cured," if they have instructed some concerning the simple methods of diagnosis and treatment of diseases of the nose, then the writer has pleasure in it; but if they have convinced even one that catarrh has a cause in each case and that by investigation the cause may be definitely located and removed, that disease of the nose and throat are worthy of the same study as pathological conditions elsewhere, then the labor of preparing them is amply repaid.

176 Prospect Ave., Buffalo, N. Y.

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Dr. Bacon's series has met with so much approbation that we will republish them

in pamphlet form. While the series is completed, we do not expect to lose Dr. Bacon as a regular contributor to our pages, and our readers may expect to hear from him as usual.—ED.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By Dr. W. C. Abbott.

(PART I.)

WAUGH'S ANODYNE FOR INFANTS.

WHEN the baby is coughing don't allow its mother to disturb his stomach with so-called "cough syrups," and



particularly the objectionable patents on the market, but give him a few granules or tablets of Waugh's Anodyne for Infants. They work like a charm, and are applicable to any age up to ten

or twelve years. Direct to have them dissolved in the mouth—one to four every one or two hours according to age or condition.

You will find this one of the pleasantest and most efficient cough remedies you ever used. Next summer you will use it for diarrhea, and will never forget it when the baby is restless from teething or has the stomach-ache. So, the fact is, if you are wise you will keep Waugh's Anodyne by you all the time until the children in your practice when they wake up with a pain, will say, as a little chap of two years did in one of my families the other night, "Ba lick, Ba want Anodyne," and in his next breath, "Ba wants Abbott's pills." When the children are for you who could dare to be against you?

HOW TO GIVE COUGH REMEDIES.

Cough remedies should always be given in solution, or better still, in a form that admits of their being dissolved on the

*These notes will be continued during the year as a "filler," to this department. I hope they will serve their purpose and at the same time be interesting and instructive.

tongue. The popularity of the "syrup" has been largely due to the fact that a certain portion of the remedy used, sticks to the mouth and throat. Strive to have your cough remedies pleasant and of such a character that they will not disturb the digestion, and see that they are rationally adapted to the case in hand. Not all coughs require sedatives; no! not by any means. Fit your remedy to the disease.

ACUTE COLDS—CORYZA.

There are few more annoying conditions, and if you will show your patrons that you can cure a "cold in the head" quickly, pleasantly and cheaply, you will get many chances to do so. Arrest of normal excretion and elimination is the usual course, therefore open up the contracted capillaries with aconitine, start the glands of the intestines with calomel, sedate with morphine or codeine, dry up the nasal secretion with atropine, sweep out the contents of the alimentary canal and the debris eliminated from the body by your treatment with a full dose of Saline Laxative the following morning and the work is done. A few doses of strychnine arseniate and Nuclein (Aulde) may well be given for the next few days, say three of strychnine arseniate, gr. 1-134, at meals and two standard tablets of the Nuclein at 10 a. m., 3 p. m. and bed-time.

For the greater convenience of the profession a granule has been devised containing atropine sulphate, gr. 1-1500; aconitine amorphous, gr. 1-500; morphine sulphate, gr. 1-100; calomel, gr. 1-12, which has been so uniformly successful in the treatment of these cases, and so deservedly popular that it is called the "coryza" granule. This, by the way, is a most excellent cough remedy, particularly for the humid variety, and especially when combined with strychnine arseniate in tonic doses.

ABDOMINAL SUPPORT.

The importance of abdominal support, particularly in advanced pregnancy, cannot be over-estimated; and if every doctor

realized its importance there would be a much greater demand for suitable appliances than now exists.

It is not my purpose to discuss the rationale of artificial abdominal support in the many and varied conditions under which it is indicated, but to urge that more attention be paid to securing for woman the relief that can be obtained for her in no other way.

There are many excellent appliances for the purpose; every large instrument house and dealers in physician's supplies have their own line, but perhaps none are better or more serviceable and generally acceptable to the patient than the elastic belt made by The Empire Manufacturing Company, of Lockport, New York, advertisers in this journal. Their supporter is soft, gentle, uniform in pressure and cheap. It is supplied by most dealers or may be obtained direct.

Another excellent line of supporters is marketed by G. W. Flavell & Bro., 1005 Spring Garden Street, Philadelphia. The Flavells make a large variety of first-class supporting goods, not only abdominal supporters but scrotal supporters, elastic stockings, trusses, etc., etc., besides special goods for special cases. While the elastic webbing, such as is issued by The Empire Manufacturing Company, is far superior, in the great majority of cases that require simply abdominal support, to the heavier appliance made by the Flavells, yet the Flavell supporter may be used with good results in nearly if not all cases, and does suit a certain class of cases for which the elastic webbing is not sufficient.

We heartily recommend both manufacturers to the consideration of the readers of the CLINIC.

Don't fail to use artificial support when called for, and when you have the point in mind you will be surprised to see how often it is indicated.

Chicago.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

THE GOLD CURE: TUBERCULAR NEPHRITIS.

Editor Alkaloidal Clinic:

—An inquiry has been made as to the effect of gold and strychnine, or of the Keeley treatment for whiskey habit, on the sexual organs. Could it not be an over stimulant? As we are all aware, small doses of certain drugs have a stimulating effect while larger doses exhaust certain organs, particularly the brain, spinal cord and genital organs.

An old gentleman was treated by myself last year for the whiskey habit. He was about sixty years old, had been drinking whiskey and in fact, everything else he could get in the stimulating line, for thirty or forty years to great excess. Had delirium tremens to commence with. His sexual desire at time of commencing treatment was good—excellent for a man of his age, and four or five days after beginning treatment he had an outrageous sexual desire, which lasted only two or three days and all of a sudden gave way. At this time I was giving heroic injections of the gold tonic for the whiskey cure and in addition 1-10 grain doses of apomorphine hypodermically, to aid the other medicines in procuring nausea and vomiting, as well as an abundant amount of whiskey as long as he could bear the sight of it. This lost tone of the sexual organs continued throughout the treatment and for two months later, when he asked me to give him something to make him right as he had been before treatment. I put him on

sulphate of strychnine in solution, 1-100 grain four times a day, which was gradually increased after several weeks to 1-40 grain. This with the addition later of iron, beef and nutritious diet generally, has gradually brought him back to, as he terms it, as good as ever. He has not touched a drop of spirits of any kind since and is doing a good restaurant business.

I cannot lay the disturbance of the sexual organs to the gold as much as to the strychnine, atropine and pilocarpine contained in the treatment for whiskey habit. I think this can confidently be laid partially to the withdrawal of the whiskey, leaving the nervous centers in somewhat of an atonic condition, thereby lessening the power of the sexual function.

I have a case of tubercular nephritis with serous effusions in the cavities; pains around region of heart and lungs; sub-crepitant rales in abundance in right lung; lower half (base) nearly flat on percussion; dyspnea, intermittent in character or asthmatic; oedema of feet and ankles on slight exercise and a disappearance on assuming the recumbent posture; constipation for sixty-five or seventy years. Have been treating the case for two months and as might be supposed with only temporary relief and at times barely that. Urine albuminous; patient anemic; appetite poor, more on account of the entrance of food paining her; severe pains over region of kidneys.

Treatment given: Calomel occasionally in very small doses, to open bowels and

stimulate liver, which removes the dyspnea, to the extent, of course, to which it is dependent on portal obstruction. I give granules of strychnine arseniate, four per day; iron arseniate, quinine arseniate, all in granule form, which is very pleasant to the patient; and for the hacking cough, which I had forgotten to mention, cough syrups containing ammonias; and occasionally for the dyspnea, which gets very severe, I give comp. spirits ether. I also give tincture of digitalis, ten drops four times a day, for weak heart-action.

Will not some of the brethren give a more compact or united treatment? Could I do any more for the dyspnea or œdema of feet and ankles? Would Waugh's Anti-constipation granules be better for the bowels? Had I better increase iron and strychnine in conjunction with treatment aforesaid? For œdema of feet I used hot water with mustard, salt and soda to bathe feet and legs, and afterward applied brown paper saturated with apple vinegar.

I have been using the podophyllin granules in cases of bilious remittent and intermittent fevers with better success than I could ever get from calomel in any form. It pushes out the contents of the small intestines, abates fever, stops headache, cleans tongue and checks nausea. There is no sore mouth to be treated, and no griping, if used right. The granules of podophyllin, quinine arseniate and aconitine are all that is needed in the great majority of the fevers of this type, and the podophyllin and aconitine for the great majority of other fevers. Children take them readily.

DR. BROWN.

Bennington, Ind. Ty.

—:O:—

Your handling of the question is good, and certainly the treatment of your case of alcoholism was excellent; and what more could one do in old age and debility, with the organic lesions mentioned, for your last case? All we can suggest is, do not expect to do too much.

Suppose for a week you give four heart-tonic granules three times a day, say at 10 a. m., 3 p. m. and bedtime, with sufficient Waugh's Laxative, alkaloidal formula, to move bowels regularly. With this you will meet every indication. After a little, if desirable, you might make some change, but it is doubtful if you would need to do so. You cannot expect to cure this patient, but can help much.

The œdema is, of course, due to heart debility and kidney incapacity. Do not stimulate either too much, but just what they will bear without getting tired, else you will have the result mentioned in the beginning of your letter—an exhaustion instead of a stimulation, from over-dosage. We shall be pleased to hear from you further.—Ed.

CAULOPHYLLIN.

Editor Alkaloidal Clinic:—Having occasion to use the above preparation in several cases lately, the question has occurred to me whether all the readers of the CLINIC appreciate its value. It is not even mentioned in three of my books on *Materia Medica* and *Therapeutics*, yet I would not think of attending a case of labor without it.

Only this morning I was called to attend a young woman in her first confinement, and found her in active labor with all the soft parts hard and resisting.

After waiting a short time and the pains becoming harder and more frequent, with the os still rigid, I began giving caulophyllin, 1-6 gr. (Abbott's), every fifteen to thirty minutes, and had the satisfaction of soon having the os begin to dilate and become soft and pliable.

I delivered my patient in about two hours of a large girl baby without accident. But a rupture of the perineum was only prevented by nicking the vulva on either side; a little operation, by the way, that will save many a perineum if done at the proper time.

Caulophyllin will also be found very useful in certain forms of dysmenorrhea and other ailments of the female generative organs.

E. J. MEACHAM, M. D.

North Chicago, Ills.

NOTES ON THE NOVEMBER CLINIC.

Editor Alkaloidal Clinic:—Dear readers, a new year will have begun when these notes will be before you. You will then have read many another medical journal. I repeat what I have said before, that there are but very few things in the CLINIC worthy to be forgotten. Yet, forget we will, because of the many things there are for us to remember; and therefore, these Notes come just to remind you of what you have read in the November CLINIC. And remember, too, dear readers, that I am not a censor, am hardly even a reviewer, for space would not allow me to do this and be faithful to my function as a monitor of the good things in each month's CLINIC.



E. M. EPSTEIN.

"After-Pains," page 638, of a severe character, and under threateningly dangerous circumstances, were cured alkalometrically by Dr. Schick, *tuto, cito, et jucunde*. The doctor finds, moreover, that Abbott Co.'s granules are fully equal to the French, which he used for eight years, and have the superior merit of being cheaper. Is it not also true that the American practice of alkalometry is, in many respects, an improvement on the European?

"Anemonin," page 644, in suppressed and retarded menstruation is the best remedy. So says Dr. Seay, from experience. Pulsatilla is given by some of the exclusive schools for a great many other ills, but alkalometry shows its true usefulness.

"Apomorphine," page 644, was given in large doses by the mouth in a case of Dr.

Seay's without producing emesis, neither did ipecac nor tartar emetic. The case was one of alcoholism, and the stomach did not absorb. Two tablets of apomorphine hypodermically administered had its prompt effect. This is instructive.

"Angina Pectoris," page 647, was easily controlled by hyoscyamine, gr. 1-250, every half-hour, at the third dose, by Dr. Uhls.

"Apocynin for Dropsy," has, in addition to Dr. Fessenger, two more witnesses in this CLINIC; Dr. Rice, page 636, and Dr. Fenn, page 639. The testimony of three good and true men would be sufficient in any court to establish a fact; but medical practice, though often accused of uncertainties, is excusable for seeking after still more testimony.

"Arizona for Consumptives," is highly recommended by Dr. Storey, page 636, from personal experience.

"Atropine Poisoning," page 653, promptly relieved by Dr. Rhea, is a very instructive report, for which the doctor deserves our sincere thanks.

"Bicycle and Jinricksha Heart," page 647, by Dr. Ashmead, is a very important article, in view of the ever-increasing use of the bicycle.

"Bladder, Foreign Body in," page 659, reported by Dr. Moore, is an instance of the dangerous use of soft rubber catheters. They are cheap, but they may cost a patient's life.

"Bronchitis, Acute Catarrhal in Children," page 631, by Dr. Barnett, is a very good account of the doctor's treatment for such cases. He finds asclepidin more convenient than the fl. ext. of asclepias tuberosa. To the editor's comment I am bound to add my grateful testimony. I used it lately in a case of senile bronchial catarrh with very gratifying results.

"Burns," page 634, are recommended by Dr. Atkin to be treated with a mixture of Campho-Phenique and sweet oil, equal parts, or oil, two parts. Among the others who use the Campho-Phenique in full

strength, I am one. And I have also followed Dr. Brodnax's practice of using pure carbolic acid without the camphor in such cases with perfectly satisfactory results. If this "seems like homœopathy," it is not more so than grandmother's remedy of keeping the burned part in the front of a fire "to draw out the burning pain," as she used to say; and she was right, too, but it hurts dreadfully. Well, score one for homœopathy, and be glad of it. But Campho-Phenique seems best of all, for the carbolic acid forms a protective pellicle, while the camphor soothes the pain at the same time.

"Cancer," page 659, by Dr. Skinner, contains an amusing, humiliating and interesting relation of a case that was not cancer; He that relates such an experience, is like the good man, who, when followed by another through the bush, holds the switches back that they fall not hurtingly into the follower's face. Thank you, Doctor! Your reserve opinion both as to the knife and caustics in cancer, must find sympathy with those of us who humbly confess that little is yet known about this malady, and yet hope for a better state. *In re* the case you relate, you say, "the fact lies in such cases more with the physician's carelessness than etc., etc." But, doctor, *facts* do not lie, *faults* do, and does not one here lie with the type setter? [Or the doctor's chirography.—ED.]

"Catarrh," page 624, Part V, is a continuation by Dr. Bacon of his previous invaluable articles. Here he treats of lupus and glanders. In lupus he tells me something new, viz., that "it is distinctively a disease of young persons". All the cases that I met with were in persons past middle age. Lately I treated a case of lupus *non exedens* on the right ala of the nose at its junction with the cheek, in a gentleman eighty-five years of age. Internally he took granules of strychnine arseniate, iron arseniate and arsenic iodide. Externally, after cleansing with Johnston's

antiseptic liquid ethereal soap, the sore was dressed with iodoform and covered with transparent court-plaster. It took about a month to heal it up, and it is now over two months since it stays healed.

The doctor's description of both acute and chronic glanders is very vivid, and any one who has met with such cases will know how true to nature it is.

"CLINIC, The," says Dr. Gates, page 630, is "Indispensable" to him. And H. Jameson, M. B. C. M., page 633, says that it went with him "the way it goes" with everyone else who is captured by the CLINIC and what it stands for. They are both right. If I were President of the U. S., I would have included the existence and prosperity of the CLINIC in my Thanksgiving proclamation as one of the causes of national thankfulness, for that deserved prosperity is beyond doubt.

"Coca Wine." Does it cause urticaria? is question 13, page 662, by H. J. The editor has a poor opinion of that preparation as often found in the market. But in my poor opinion this can not be said of "Maltine with Coca-Wine," which I have used with the best of results.

"Constipation," is the editor's guess diagnosis of a group of symptoms presented in query 7, page 661. Such cases are as frequent as they are important. What must become of the fecal gases, if the feces are not promptly expelled? Must they not become absorbed into the circulation and be productive of a variety of evils?

"Competition." Is it right in medical practice? asks A. W. P. in query 4, page 661. The editor answers the best way it can be answered, but that does not absolve the question, and it will stand so long as our practice is not regenerated from its degeneration into a mere trade back again into its dignity as a profession.

"Cystitis," page 653, is a most valuable report of a case by Dr. Rhea. Dr. Waugh's book, "The Treatment of the

Sick," gave the doctor that useful hint which proved so beneficial.

"Diarrhea in an Infant" two and a half months old, forms query 11, page 662. The case is a rare one considering the age, and the editor's advice is in his usual rational and helpful way.

"Dignity of the Medical Profession and its Present Needs," page 608, is a long editorial, deserving the reader's most serious attention. Have you read it, reader? Merely glanced through it? Then read it over and over again. Did you read it carefully? Then let us hear from you here about it. It seems eminently proper that the CLINIC should take the initiative in such an unsectarian movement. It is really a Pan-Iatric, an All-Physicians' movement, for the benefit of the profession in the largest and widest extent. There are many in all medical sects who profess to be unsectarian; but when it comes to a test, then that profession means, that all the other sects should come over to that one and only saving sect. Such unsectarianism is the most rabid sectarianism. Tolerance is a word which expresses the most intolerant idea. This editorial will put our unsectarian medical friends to the test. Brethren, let us hear from you.

"Doctors, Young and Old," page 608, by old and experienced Dr. Johnson, is as full of truth as an egg is of meat. It must do good in the CLINIC, but its most useful place would be in addresses to medical graduation classes. And it is to be expected that alkalometry will soon force itself into the medical instructions of all schools, or else the pupils will think the instruction not up-to-date.

"Dyspepsia," page 613, by Dr. Aulde, treats here in part two of "Disorders of the Primary and Secondary Assimilation." I have re-read part first, and more than once this part second, too. It is not a mere *resume* of what we have read and known before, but contains much of new ideas, which, while some of them may yet

have to stand for a while *sub judice*, offer already a plausible rationale for the varied phenomena observable in dyspeptics. In this respect the author's detailed study of local manifestations is very useful in practice.

"Epidemics," page 611, and how to handle them when they threaten, is editorially approved to be as the Illinois Board of Health did in the Cairo case, *i.e.*, to be on the safe side, whether we do or do not know its origin. This is practical wisdom as against theoretical dogmatism.

"Erysipelas," page 634, was treated for many years satisfactorily by Dr. Atkin with Campho-Phenique as an external application.

"Fever," page 662, query 8, of a persistently recurring kind, is suspected by the editor, in this case, to be caused by incipient tuberculosis. The treatment which he recommends, antiseptic and tonic, will control the fever. We ought to hear of the results. Will we?

"Hives," page 611, is an etymological consideration, where I have to say that Epstein does not *pronounce* "hives" "heaves," but that he found his own guess at the common derivation of these two words in Webster's Unabridged *sub verbis*. On page 646, Dr. Wood has a very interesting article on the same subject. It is curious enough that any people should connect a pulmonary ailment with a cutaneous eruption physically, as they seem to connect it in nomenclature.

"Indigestion," page 632, treated alkalometrically by Dr. Brown, is an excellent paper. No one, like this doctor, can be accused of being an expectantist who expects "something to turn up," he don't know what. The alkalometrist also expects, but it is the certain result of his medicaments.

"Leucorrhoea," page 658, a severe case reported for advice by Dr. Buchanan, is a very instructive article. The ailment is common and so are the failures of the

common treatment. The one outlined by the editor is on the new and better lines, and gives better promises.

"Luetgert's Case," page 610, elicits from the editor some very pertinent medico-legal remarks. They may come in good stead to our readers, should they even chance to be called to testify as experts, when I trust they will be more pert than the *ex-perts* were in this case. They undertook to imitate Cuvier and failed. Yet let us not identify comparative anatomy with comparatively-anatomist.

"Malaria," page 643, is an instructive paper by Dr. Furman. In alkalometry he is not exclusive. About quinine and acetanilid he almost wholly agrees with Dr. Brodnax. But he contends, that the same disease may require different medication in different localities. Interesting, too, is the doctor's observation that in his locality he does not meet with malarial hematuria but with malarial apoplexy. Query: Is not the former nature's preventive of cerebral hemorrhage?

"Melachol for Morphinism," page 661, query 3. Yes, queer enough!

"Melancholia," page 661, query 1, is a highly interesting case. The editor's recommended treatment is, of course, all the best medically. But is this not just a case for successful treatment by hypnotism and suggestion?

"Metritis and Migraine," page 637, by Dr. Fox, is a very instructive report of a case and how the doctor cured it. It seems to say to anyone who has a case like it, "go and do like this," but—begin where the doctor began successfully, viz., B. U. T.

"Moscow Letter," page 650, by Dr. Lucy Waite, is exceedingly interesting. But, please, let me correct the name of the Grand Duke; it is not "Seye," but "Sergei," hard g and ei like ai in main. It is the Russian for the Latin Sergius.

"Myxedema," page 640, is what Dr. Carl diagnosed to be in a case which he reports quite fully, except that he does not

mention the condition of the patient's thyroid gland. Yet the doctor gave the patient, among other very proper medicaments, also *thyroid extract*, for how long? The doctor was successful in a year's treatment. The disease is rare and new, and the doctor's treatment must be remembered. Please, let us know how the editor's advice against the itching resulted.

"Neurasthenia Cured," page 638, by Dr. Johnson, with the treatment advised by the editor in the June CLINIC, is not only "one more victory added to alkaloidal medication," as the doctor says, but also one more telling illustration of the beneficent service the CLINIC is doing for its subscribing physician and his patients. But, Doctor, as you have done well in minding the editor's advice in June, do also what he says in November, and let us know of this, too. Why, friends, the CLINIC is really a clinic for us to learn.

"Pneumonia in an Infant," page 634, was treated successfully by Dr. Brodnax with sanguinarine, and the Shaller-Abbott Zinc and Codeine Comp. against the usual bowel disturbance in such cases.

"Periostitis," is diagnosed by Dr. Sandidge to be that of Dr. Herrick's case, page 641. And Dr. S. is enamored with dosimetry and the CLINIC after an acquaintance with them of hardly a year and a half, although, or better, just because he was wedded to the old methods for thirty and seven years. Well, "just because" experience in the unprejudiced is a mighty agent in conversion. As to Epstein's criticisms, he blushing thanks you, and fondly hopes that they are *suaves*, not only *gusto tuo*, but also *omnibus*, or at least *pluribus Clinices legentibus*, or else he would have stopped them long ago. Yet will his beard never touch the ground as long as scissors grow in the market, though Heaven touch "the top of his head, where hairs used to grow," as in uncle Ned's case.

"Procidencia Uteri," page 633, is a case of Dr. Budd's similar to that of Dr. Flem-

ing in the September CLINIC. They should both try the method of reduction recommended by Dr. Coleman on page 619 in this CLINIC.

"Pruritus, For," page 633, Dr. Osborne recommends *cocculus indicus* tincture, externally, as unfailing.

"Quarrel, A Foolish," page 608, is an editorial reference to that painful case reported in the *Medical World* for October, 1897, page 398, under the heading "Plagiarism and Insult." Sin is always folly, and some follies are sinful. But should the editor of the *Indiana Medical Journal* be legally prosecuted for slander, he could very properly put in a plea for moral insanity.

"Rectal Specialty," page 654, is a business inquiry by Dr. Schofield, and information is given by the editor. The doctor says he has quit buying books since he has the CLINIC, the Manual, Brief Therapeutics and the Guide. But he should not quit if he possibly can yet buy the most useful of books, viz., "The Treatment of the Sick," by Waugh.

"High Temperature," page 648, a case reported for advice by Dr. Dunklin, is interesting not only pathologically but physiologically as well. For the question arises in my mind, if in no others, whether the high temperature is not to some extent normally compensative for the abnormally low pulse? The doctor should be kind enough to report the case again after instituting the editor's treatment.

"Thanksgiving" is long past, but not the always required dutiful disposition of thankfulness for all blessings, and that of alkalometry and the CLINIC included. Of all the vices of self-adulating idolatry, none is so blameworthy in the intelligent being as unthankfulness.

"Tinea Circinata," page 654, so extensive and so rationally and successively treated by Dr. Watkins, is, as the editor well says, a notable case. The editor's spelling of "phtheiriiasis" with an "e" is

the correct one after the Greek, though the Latin spells it without an "e," perhaps phonetically. Excuse pedantry.

"Tobacco Habit, Taken as Snuff," is query 9, page 662. But my query is: Is it snuff taken as snuff or as a dip? Did ever anyone know of snuff taken as snuff doing any harm? When they used to take it so we heard little of nasal catarrh. What says Dr. John E. Bacon?

"Tuberculosis, Germicides in," page 612, is a very instructive editorial on this subject. In left column, line 17 from top, should there not be a "not" before "to injure?"

"Tuberculosis, Chronic, of Lungs," page 622, by Dr. Swain, is a very useful resume of the subject. Those who wish to know what Dr. Waugh thinks and does on this subject, and they should be a host, should read his article in the December number of *The Medical World*.

"Typhoid Fever," page 645, by Dr. McNeel, is a very useful article, especially for those who yet repeat the old idea, that "this fever *must* run its course." Alkalometry and antiseptics have taught some of us how to stop that course.

"Uric Acid," is, I think, the answer to query 10, page 662. Why head it "Chronic Cystitis? Because the urethra is tender? Is there not a caruncula? Nor does the editor's advised treatment make me think that he thinks it is cystitis.

"Uterine Derangement," page 619, is one of the most instructive articles that we had the good fortune to read from Dr. Coleman. Apropos of the hot vaginal douche the doctor directs it to be taken in the horizontal position. I wish to direct the reader to Dr. Byron Robinson's "Directions for Vaginal Douche," as reported in *The Medical World* for September, 1897, page 391. Vaginal douches are often ordered to be taken, but how? No wonder they are used with but little effect.

"Veratrine in Nausea," page 646, by Dr. Scott, is a very pleasant surprise. In the

responses which will, no doubt, be made to the doctor's question and to the editor's remarks, let it not be forgotten that there is a *concentration* veratrin and an *alkaloid* veratrine.

"Viskolein," is the subject of a long and readable paper by Dr. Rice, page 655, in which he claims for his discovered and so trade-marked remedy, the highest value for aborting and controlling fevers. *Vedremo!*

"Vomiting in Pregnancy," page 630, was very happily relieved in a case reported by Dr. Treadgold, with tincture of myrrh. Opportunities for testing this remedy are not rare, and should be made use of by the readers, and, please report here

"Zinc and Codeine Comp.," A. A. Co., is recommended by Dr. Brodnax, page 634, to be given with Caroid and charcoal to children suffering from dysentery or indigestion.

DR. EPSTEIN.

West Liberty, Va.

"IS KISSING HARMFUL?"

Editor Alkaloidal Clinic:—A lady contributor or subscriber has requested me to express my opinion on the conclusions



H. S. BREWER.

recently arrived at by a few constipated bacteriologists, that osculation is harmful, even dangerous.

While I have no reason to doubt but that sundry and various bacteria do find the lips a pleasant and agreeable place of abode, I have never in all my oscularious experience witnessed any but the most salutary effects from gustatorious osculations. I am even convinced that the habit conducted under certain conditions is a promotive of health.

The reason for arriving at the conclusions set forth by these alleged scientists was based on the fact that they were in the habit of kissing promiscuously, which is very harmful and promotive of ascarides and pruritus. If the lady will notice, the offen-

sive breath mentioned in the indictment was caused by decaying teeth. Now, I have discovered that the real cause of bad breath is produced by bacteria of lonely and neglected conditions, who have not a sufficient contact, osculariously speaking, with the healthy microbes from off the lips of those to whom kissing is life and felicity. The home supply intermarry too much and die young; hence the great value of the osculation habit, eminent bacteriologists to the contrary notwithstanding.

Witness the bachelor man and maid. They never, or hardly ever, indulge, and hence they become forlorn, misanthropic, neurasthenic and wormy.

This state is caused by the failure to absorb a sufficient quantity of the healthy microbes generated only and exclusively on the lips of those:

"To whom a kiss—a source of great delight!

An embrace, felicity and heaven!"

Osculation, when perpetrated with due care and caution, and taken regularly at convenient intervals, not only flushes the arteries and creates a general warmth and ecstatic glow, but restores an impaired digestion and a misplaced appetite; a great saving in fuel and lacerated feelings.

The great German Emperor believes in kissing, but his mistaken policy of kissing heads of States, without regard to sex, militates against him, and is misleading and injurious. This accounts somewhat for his erratic and more or less peculiar moods.

The practice yet prevailing in church sociables of chasing one another over chairs and breaking one's back over cheap sofas, and digging for a kiss, possesses no curative effect, and has no scientific value. It is to be avoided if possible.

When a girl runs from a kiss you may know at once that the osculating bacteria have not ripened, and consequently are not ready to be gathered in. She should be avoided.

But just let some weary soul come in

contact with healthy, juicy lips in the osculating effort, you then will see my contention proved.

"The clouds they disappear;
Despair no longer rules.

The germ of hope proceeds to bud."

"Divine healer" (?) Dowie kisses his patients right in view of his whole congregation, and it don't seem to hurt him, not a little bit. How healthy he looks! Of course he does not follow Emperor Will's example, and kiss the male portion of his disciples; at least, I suppose he must discriminate—I should. And I have not the least doubt but what the osculatory process serves him well in some of the remarkable cures that he exhibits from time to time before his mammoth congregation. Is not this the secret of his success? For what a wonderful stimulant and health-generator is a long, clinging, divine osculatory effort.

We have had the water-cure, the Father Kneipp cure, the blue-glass craze, Christian science, all of which have met with more or less success. But what surprises me is this, that no one has ever thought to start an osculatory sanatorium. Even Boston, the great center of curios and discoveries, and all learned conditions, has failed to grasp the sanatorium idea in connection with the osculatory process; altho' they have recognized the great therapeutic value of the application.

Some foolish people might object and become critical—why, they object to vaccination and antitoxin—but after becoming familiar with the process, their objections will cease. Then see how quickly their rheumatism, jaundice and dyspepsia will disappear through the effects of the microscopic infusion and osculatory bacteria of opposite conditions and aristocratic tendencies becoming acquainted, and finally domiciled and assimilated.

When that forlorn maid and yellow, saffron, bilious-skinned individual who carry that don't care a—feeling come in

contact, what a wonderful transformation is the result!

Why, Mr. Editor, antitoxin, Christian science, blue-glass and all the pathies combined are not in it, nor could they compete with the osculatory therapeutic system, as exclusively set forth in this article for this journal. "See?"

Of course there should be certain rules and conditions in all theories to guide the novice. I don't believe in indiscriminate and promiscuous kissing. That would be like administering crude drugs regardless of symptoms. I am a convert to specified medication and alkaloidal isolation of active principles. You thus avoid waste and inert products, and can run into moonshine or high potency or dynamization, producing the nerve-quivers so essential in good therapeutic results.

I think in this connection that red meat should not be eaten, but I have no objection to the oyster or clam. Meat produces a roughness and congestion that mars the esthetic and sublime in the treatment, while fruit and nuts aid greatly in the establishing of a system of cure suitable alike to the immortal Gods and to man.

And thus I refute the idea that kissing is unhealthy; and scorn with awful glee the proposition: Is kissing harmful? I should say not.

HORATIO S. BREWER, M. D.

Chicago, Ill. —:o:—

Dr. Brewer's presentation of the case is one that will appeal to the inmost heart of every man in whose pulses still beat the currents of virility. But he fails in that essential part of a properly scientific construction of his argument, in that he does not illustrate by cases drawn from his clinical experience, with description of the psychic and somatic phenomena, and, if possible, verification by an autopsy. And although such cases do not usually end fatally, we cannot doubt but that there can be found some martyrs to science (osculatory) who will risk death itself for the sake of the experiment—or the girl.—Ed.

A NEW RECRUIT.

Editor Alkaloidal Clinic:—Sometimes diamonds lie all around us without our knowledge. For the past two or three years I have now and then had my attention called to the ALKALOIDAL CLINIC, alkaloidal granules, alkaloidal therapeutics, etc., but not until about one month ago was the call sufficiently strong to secure attention.

I called on a medical friend in a neighboring town who had just received the little pocket-case of granules and Shaller's Guide. He was enthusiastic. I examined and was captured; *i. e.* "I came, I saw, I was conquered." I immediately sent \$2.00 for the Guide, journal and pocket-case. I shall get them next Monday, when I think I shall turn over a new leaf in my work.

I am wholly unable to tell why I did not catch on to the unique system of alkaloidal medication long ago. I shall never carry another pair of pill-bags as long as I practise. I shall never carry another cumbersome old-style pocket-case again. Bury them with the "dead past."

DR. S. L. SEAVENS.

Preston, Mo.

—:O:—

And that is how the CLINIC grows.—ED.

PNEUMONIA.

Editor Alkaloidal Clinic:—I herewith send report of two cases, upon which I would like criticism or suggestion as you may see fit. I have made use of the alkaloids to a considerable extent this winter; and since I have had such excellent results with them, I feel I must add a word of testimony as to their merits.

Case 1. January 14, at 1 p. m., was called to see Chester F., aged twenty-six months. Found him in a stupor, cyanotic around lips and extremities; temperature (axilla), 104.4°; pulse, 174-180; respiration, 55-60; upper half of right lung con-

solidated. Diagnosis: Croupous pneumonia.

Treatment: Carmine, one granule; apomorphine, fifteen; aconitine, three; strychnine arseniate, four; water, sweetened, to four ounces. Directed one teaspoonful every fifteen minutes till fever lessened; then every half to one hour as needed. Locally, spirits of turpentine with camphor and lard, covered with several layers of flannel.

At 7 p. m. I found the temperature 103°, pulse 130, respiration 42. January 15, 9 a. m., temperature 102.2°; 7 p. m., temperature 103°. January 16, 9 a. m., temperature 100°; 7 p. m., temperature 101°. January 17, the fourth day, the temperature was normal and the respiration and pulse nearly so.

Waugh's Anodyne was given for restlessness after he had revived from stupor, and strychnine, apomorphine and hyoscyamine were continued during convalescence which was rapid.

This case had been taking a mixture of tr. aconite, elix. Dover's powder, syr. licorice and mindereris every four hours, and tasteless quinine every four hours alternately. This by another doctor.

Case 2. Kenneth B., aged seven and a half years. January 21, 1 p. m., temperature 104.5°, pulse 144, respiration 42; sharp pain in right side with some crepitation, etc. Diagnosis: Beginning pneumonia.

Treatment: Defervescent No. 1, nine granules; carmine, two; codeine, gr. 1-6, six granules; water, to three ounces. Directed one teaspoonful every half-hour for three doses, then every hour. Locally, hot fomentation to side.

7 p. m. I called and found temperature 106°. I did not wait to count pulse or respiration, but put nine granules aconitine in three ounces of water, and gave every fifteen minutes till I reduced temperature to 104°. At 9 p. m. I left with instructions to alternate the first and

second mixture every half-hour or hour as needed. Parents had a thermometer, and took temperature at 10 p. m., finding it 106° again. They gave medicine as I had done, every fifteen minutes till mid-night, then every half-hour till 8 a. m., when I called. The pain was gone; temperature 99.6°. Two more doses were given during the forenoon, when the temperature was normal, and the parents stopped medicine as instructed.

I left a mixture of potassium bichromate and strychnine arseniate to be taken every one or two hours. Patient was up and dressed on the second day.

I promised to report regarding Waugh's Anodyne. To be short, you will find order enclosed for more. Croup yields to the alkaloids as if by magic.

If some of the brethren can relieve whooping cough by the alkaloidal method, I should be pleased to hear from them. I have tried atropine and calcium sulphide, but cannot get results. The best I have tried was recommended in a personal letter from my old professor, the editor of the *Medical Mirror*, viz., Vapo-Cresoline, bromoform and Antikamnia.

J. H. LONG, M.D.

Orion, Ill.

—:O:—

Doctor, I have had good results in whooping cough from quinine, in full doses; a grain every two hours, in half a drachm of syrup of yerba santa, for a child two years old.—ED.

PUERPERAL HEMORRHAGE. STOMATITIS.

Editor Alkaloidal Clinic:—I heartily endorse the bulk of Dr. Wells' paper on "Parturition Emergencies" in the October CLINIC, but why use fluid extract of ergot when we have the dosimetric granules? For post partum hemorrhage, or as a preventive, I find three granules, with two of digitalin, potent and entirely safe. This

dose may be repeated in half an hour if necessary, but this is rarely the case.

In Dr. Kemper's case of stomatitis (page 601) break open the suppurating points, remove the pus and touch the ulcers with hydrogen peroxide [Hydrozone]. If time be given, the case will be cured.

W. C. DERBY, M. D.

White Cloud, Mich.

INFANTILE CONVULSIONS.

Editor Alkaloidal Clinic:—I was called in a great hurry one day in August by the cry that "the baby has a spasm." Catching up my case of "sure-shot," I was with the baby as soon as possible; and sure enough it was a spasm. The little one was rigid, the hands and feet drawn out of shape, the mouth could not be opened, the child was livid and pulseless.

The little one had been in this condition for more than a half-hour, and had been in hot water and out of it several times. There was the history of a light spasm earlier in the day. On the previous day the little one, one and a half years old, had eaten green corn, tomatoes and watermelon rind!!!

I gave part of a granule of glonoin between the teeth, while some of the neighbors went after a syringe; gave apomorphine, about gr. 1-50, hypodermically, followed by hyoscyamine, gr. 1-250; then flushed out the bowels with warm water; all this in less than half an hour, with very little result. As soon as I could get the jaws open a little I gave one granule of cicutine and about gr. 1-500 of glonoin.

I returned to the office for chloroform. When I returned I found the spasm somewhat relaxed, the skin flushed and the pulse much improved, showing that the hyoscyamine and glonoin had taken effect. As the child showed no signs of vomiting, I gave apomorphine, gr. 1-30, but with the same negative result. Later I gave mustard and warm water, and in about two hours the

child vomited. In the meantime I gave chloroform inhalations.

I called the next morning to find the child all right; it had slept all night. With a few words of advice to the mother and friends, to the effect that green corn and watermelon rind were not just the best food for infants, I took my departure.

Query: Is it more difficult to get children to vomit at such times than at others?

My apomorphine was good, as I have proven many times before and since.

The child showed a neurotic disposition, and had an extremely large head.

T. B. HOLMES, M. D.

Reno, Nevada.

—:O:—

The difficulty is partly with the absorption; but the dose was not large enough in this case. And both glonoin and hyosciamine could have been pushed much farther if given in solution.—ED.

NUCLEIN IN TONSILLITIS.

Editor Alkaloidal Clinic—Sometime ago I availed myself of the Abbott Alkaloidal Co.'s offer as to a sample of Nuclein (Aulde), and will state that it came just in the nick of time for me to give it an important trial, though a very severe one. With what result, some might ask, but not you with your previous knowledge. I wish to state that it did even more than I hoped.

To explain: I was called to see a patient, twenty-three years of age, presenting the following symptoms: Temperature, 103.5°; pulse, 98; tonsils and posterior fauces very much swollen, covered with crypts and a slight exudate. Treatment; one granule aconitine, gr. 1-134, every fifteen minutes for six doses, and four tablets Nuclein (Aulde) at once, followed by Abbott's Seidlitz Salt in half an hour. I left instructions to repeat the Nuclein one tablet every hour, with one granule strychnine arseniate, gr. 1-134, till I called again.

On my next visit (in the morning) I found symptoms very much abated, temperature normal, pulse normal, throat very slightly congested but clear. I advised the patient to continue the Nuclein one tablet every two hours during the day. On my next visit I allowed the patient to get up, and dismissed the case. I left a few Nuclein tablets for her to take, one *t. i. d.*

I have used Fraser's Nuclein in pneumonia, erysipelas, diphtheria and chlorosis with very good results, but I think your tablets are better on account of more rapid dissolution and speedier effect. At least the tablets you sent me gave me leucocytosis sooner, by blood-examination, for I tested them with those of Fraser's make.

C. V. COMFORT, M. D.

Rochester, N. Y.

—:O:—

Note that Dr. Comfort has examined the blood microscopically, even to compare the effect of different samples of nuclein and he has no doubt as to the efficacy of the drug.—ED.

VERATRINE FOR NAUSEA.

Editor Alkaloidal Clinic :—In reply to your question on page 446, November CLINIC, I would say that I have never used the tincture of veratrum in any case of nausea, but that I always use the granules (Abbott's), with aconitine, one of each, gr. 1-134, from one-half to one hour apart, with perfect satisfaction to my patients as well as myself.

J. T. McLANE, M. D.

Stanfordville, Ga.

That young but healthy infant, the Chicago Eye, Ear, Nose and Throat College, has been compelled to enlarge its faculty by the addition of four professors, Drs. Huizinga, Woodruff, Mann and Weaver. This has been necessitated by the rapid growth of the clinics and increase of the class.

CHOLERA INFANTUM.

Editor Alkaloidal Clinic:—This baby had been ill for thirty-six hours when I saw it. It was a girl, two months old, shrunk and shriveled, the features drawn and wrinkled; the head rolling and drawn back; tongue protruding, parched and dry; the eyes open and rolled up; the child constantly moaning. The temperature was 105.8° ; the pulse uncountable; the legs, arms and body tetanically rigid.

There was little time to lose if the child was to be saved, so I gave at once morphine, gr. 1-60, and atropine, gr. 1-450, hypodermically. I also dissolved two granules of aconitine, gr. 1-134, in four ounces of water, and gave ten drops every ten minutes, to subdue the fever and relieve thirst.

The child was put in a tub of warm water and cold water slowly added until the temperature of the bath was 60° . The child was rigid when put into the water, but when removed in five minutes the temperature was 103° . It was then wrapped in warm flannels.

I found that the baby had been fed upon milk from a bottle with a long tube; the milk being kept in the bottle from night to morning. If the child vomited it was given the bottle again. The child had been having fifteen or more stools daily.

Fifteen minutes after the bath the fever had risen to 104° . The bath was repeated and when the child was removed after five minutes, its chin trembled and it was again wrapped in flannels. The temperature was 102° .

I now prepared strychnine, gr. 1-67, and zinc sulphocarbolate, gr. 1-6, in two ounces of water, giving ten drops every ten minutes for ten doses. Turpentine and camphor in vaseline were applied to the abdomen. The bath was repeated during the night fifteen or twenty times, whenever the fever rose over 102° .

Twelve hours after my first visit the

temperature was 101° , and the vomiting had almost ceased.

Soon after this the child suddenly became pale, and looked like dying. Quinine inunctions were used, and two drops of brandy given every five minutes, with atropine, gr. 1-1500, every ten minutes until the blood returned to the skin. In four hours the baby seemed much better.

I then gave Nuclein (Aulde), one granule, gr. 1-6, every hour for six hours, and Malted Milk as a diet.

May the Almighty put his stamp of condemnation on the practice of feeding from a bottle with a long tube, or a short one, either. They become foul, filthy and poisonous in a few hours.

I have lost my share of these cases when treated in the old way, and this was my first bad case treated on the CLINIC'S method. And I have cause to be grateful that I tried to follow the instructions given in it.

The baby now is doing nicely.

L. W. ESTABROOK, M. D.

Springport, Ind.

—:O:—

Now, isn't that fine? How many of us would have expected to save that child under the old system? Little is known about the use of strychnine, aconitine and atropine for cholera infantum outside of the CLINIC brotherhood, and yet how beautifully this case responded to the accurately prescribed "rifle-shots." This case is well worthy a careful study. It is, indeed, a lesson in the practical application of alkalometric principles.—Ed.

Dr. Ephraim Cutter writes that Dr. Waite's Berlin letter was scarcely just to American gynecology, which was worthily represented at the Congress by Dr. Clarke, of Boston, who was Honorary President of that section.

Dr. Waite should not forget that Boston is on the American side of the Atlantic.

A NEW CONVERT.

Editor Alkaloidal Clinic:—I have just received the granule case and copies of the CLINIC; and to say that I am surprised and pleased does not express it. I have been using the aconitine in typhoid fever and Waugh's Anodyne in infantile colic. This is my first experience in dosimetry.

This is the feeling I am beginning to have since using the granules: I know what to expect; I am not hoping for certain results, but absolutely know that the desired result will be obtained if the medicaments are given intelligently.

Score one for hyoscyamine in the restlessness of infants when no cause can be found.

Wishing the CLINIC and its hosts of readers success, I desire to subscribe myself,

A new convert,

DR. J. H. BAUGH.

Clifton, Okla.

—:O:—

I sometimes think the new-comers in alkalometry must feel much as did the early emigrants from New England when their plows first turned up the black soil of the western prairies.—ED.

INFLUENZA.

Editor Alkaloidal Clinic:—A woman, sixty-seven years old, had had influenza, leaving a weak heart, with dyspnea, rapid, thready pulse, headache, etc. I gave digitalin for the heart-weakness with a tonic elixir and laxative pills. In a week or so she was about, but the heart remained weak, for which I added Nuclein (Aulde).

What is the name of this cardiac affection?

C. W. FLEENOR, M. D.

Holston Valley, Tenn.

—:O:—

No special name has been assigned to it, but you can term it "post-grippal car-

diac debility" if you like. Please tell us the result of the Nuclein administration. I would feel like adding strychnine arseniate, gr. 1-30, four times a day.—ED.

PNEUMONIA JUGULATED.

Editor Alkaloidal Clinic:—In the case of a strong, healthy lad with typical pneumonia, I gave the following:

Defervescent compound granules twenty; apomorphine, fifteen; emetine, fifteen; scillitin, fifteen; strychnine arseniate, gr. 1-134, ten; water to make four ounces. Direct: Two teaspoonfuls every half-hour for eight doses, then every hour for six, then every two or three hours according to the fall of the fever and loosening of expectoration.

This was followed by the compound syrup of hypophosphites. In one week he was about doing his chores on the farm.

Since then I have used much the same treatment with great satisfaction on an old lady, *act.* 73, with broncho-pneumonia of right lung; the whole lung to the apex being involved. Owing to her age I used brucine and caffein citrate with fewer Defervescents, fearing heart-failure; used codeine to control pain and allay nervous irritability.

I saw her on Sunday last and she was doing nicely; only a portion of lower back and base of lung involved; the rest was clear. She had been ill four days before I was called, and as she resides fifteen miles East, and roads were very heavy and bad, I could not return before Sunday.

One more case: Our baby boy, three and a-half years old, had had a little cough; but as it did not trouble him and I was very busy, being seldom at home, not much attention was paid to him. However, suddenly his cough tightened and became so painful as to cause him to scream with each effort. Mucous secretion simply stopped and active congestion was threatened. I put him at 9.30 p. m. on apomorphine

granules, 3; emetine, 4; aconitine, 2; brucine, 3; Nuclein solution, 6; water, two ounces, syrup, two drachms. Direct: Half a teaspoonful every half-hour.

At 3:30 a. m. mucus came full; though ropy and thick, still loose; cough was established, sleep, freedom from pain, and by the morning he was like a new child.

Of course jacket poultices of linseed meal with a little mustard were used in all of these cases.

I had wired for a medical friend to come and see him, and on his arrival at 11:30 I was ashamed to have had him drive twenty-three miles to find my boy doing so well. For two or three days he took above, omitting aconitine and substituting scillitin and honey; giving every three or four hours. He is now well, and only taking the latter and wearing absorbent wool under his ordinary binder.

R. PERCY CROOKSHANK, M. D.

Rapid City, Manitoba.

—:O:—

A seasonable report. Query:—Would not the Defervescent granules jugulate every case of bronchial or pulmonary inflammation if given in the congestive stage?—ED.

NUCLEIN IN MALARIA.

Editor Alkaloidal Clinic:—In considering the therapy of cellular constructive metamorphosis, the subject naturally divides itself into direct and indirect cellular therapy.

Indirect cellular therapy is cell-multiplication or construction, or increased cellular activity by stimulation induced by gentle irritation; as, for instance, in the administration of arsenic or similar remedies, or by the reconstructives such as cod-liver oil and other nutrient substances.

Direct cellular therapy is the introduction into the organism, hypodermically or otherwise, of a substance which by its chemical composition and nature, is ca-

pable of and destined to become the nucleus of a cell, without undergoing any modification whatever.

It will be the purpose of this paper to deal with the latter, and especially with that part of it which pertains to the white blood corpuscles.

In metameric isomerism the conclusive identity of the molecule in its chemical relative value and nature, from a physiological standpoint, depends upon its prefunctory powers of performing the same office in every particular of the absent or missing molecule which it is to supplant, as applied to cellular constructive metamorphosis in conjunction with cellular therapy.

The fact that the nucleus of a white blood corpuscle is a phosphorized proteid having for its chemical formula $C_{29}H_{49}N_9P_3O_{22}$, and that an identical chemical substance can be isolated and prepared from certain healthy animal substances and injected into the organism of a rabbit, which in the course of twenty to twenty-four hours is capable of almost doubling the number of leucocytes, proves conclusively that chemical isomeric substitution, as far as the phosphorized proteids are concerned, can be instituted quite successfully.

The preparation of nuclein by the use of pepsin and hydrochloric acid, in digesting digestible substances and leaving the nuclein in an amorphous mass, demonstrates the fact that the chemical composition of nuclein is not subject to alteration by the process of digestion. Hence when nuclein is introduced into the stomach small molecular masses are by osmosis ushered directly into the circulatory system; where they clothe themselves with the necessary pabulum to become living and active leucocytes; consequently the administration of nuclein *per orem* is in line with chemical science and nature.

Among the many functions which have hitherto been attributed to the white blood

corpuscle the most important seems to be that it acts as a scavenger to the blood, and more especially in certain diseased conditions. This being the case, the therapeutic importance of an agent which is capable of setting up an increased leucocytosis without impairing the organ in any way is obvious.

As I have not been actively engaged in the practice of medicine for some time past, my experience with nuclein is somewhat limited; but I desire to report a case the termination of which was my incentive to investigate the *modus operandi* of nuclein. The patient had for several years been afflicted with chronic malarial poisoning, with insomnia and an occasional slight attack of hematuria.

He had been under treatment for months at a time by several physicians of high repute, all of whom made the same diagnosis of chronic malarial poisoning (the patient having had chills and fever several years previously); but none of them was able to institute any treatment that would give more than slight, temporary relief; and at last everything failed to make any perceptible change whatever except strychnine arseniate, and that only temporarily. The patient was put on nuclein, one tablet before each meal and two at bed-time.

At the expiration of sixteen days he was completely and permanently cured. The cachectic appearance, pallid hue, insomnia, indigestion, migraine, hematuria and general lassitude vanished like magic; and the patient was subsequently under observation a sufficient length of time to convince the most skeptical—that the disease had been eradicated from the system completely and forever.

So we see that the ardent bacteriologist with superior facilities and indefatigable efforts has eventually isolated, described and named the causative factor in producing malaria; while the good Dr. Aulde with his superior knowledge of biology, physiology and animal chemistry, and im-

bued with a philanthropic spirit, coupled with zeal, integrity, and untiring effort, is enabled to furnish us with the necessary material to substitute the millions of soldiers to sally forth on the battle-ground and devour every vestige of the plasmodium malariae, and eliminate the debris from the organism.

In conclusion permit me to say, that to the casual observer it seems that nuclein therapy has a wide application, and that its intelligent and successful use will depend largely upon a thorough knowledge of the origin, function and final destiny of the white blood corpuscle.

DR. WM. MCCOY.

Salt Lake City, Utah.

RHEUMATISM.

Editor Alkaloidal Clinic:—A boy eight years of age had been sick one week, the condition being as follows: December 25, 1896. Pulse 120; temperature 103°; swelling, redness and tenderness of the right ankle and foot. Diagnosis: Inflammatory rheumatism.

Prescribed: Cushman's rheumatic granules, ten; sp. tr. echinacea, gtt. twenty; water, twenty-four teaspoonfuls; dose, a teaspoonful every thirty minutes until improvement occurred, then every hour. Effervescent salts to act on the bowels.

December 26. Pulse, 120; rheumatic swelling extended to the left ankle and foot. Continued treatment and ordered both limbs wrapped in cotton batting.

December 27. Pulse, 116; temperature, 102.2°; rheumatism extended to right wrist and elbow; right foot better. Continued treatment.

December 28. Pulse, 108; temperature 99.8°; a little pain about the heart. Continued treatment.

December 29. Pulse, 112; temperature, 100.8°; remarkable freedom from pain. Continued treatment.

December 30. Pulse, 100; temperature,

99.6°; could move in bed with comparative ease. Continued medicine, giving once in two hours.

December 31. Pulse, 92; temperature, 99°; swelling and tenderness, declining rapidly. Continued treatment giving in addition: Strychnine arseniate, gr. 1-184, ten granules; water, twenty-four teaspoonfuls; dose, a teaspoonful once in three hours.

January 2. Pulse, 76; temperature, 98.5°; no tenderness or swelling left; some stiffness of joints. Continued rheumatic granules and echinacea once in three hours, and the strychnine once in three hours and dismissed the case.

There has been no relapse. My second case has had a relapse. I will report it later.

E. M. RIPLEY, M. D.

Unionville, Conn.

THE DARK IODIDE OF LIME A SPECIFIC IN MEMBRANOUS CROUP.

Editor Alkaloidal Clinic:—There is not the least doubt that the dark iodide of lime is a specific in membranous croup (non-diphtheritic), and if the doctors who have been reading medical journal articles relative to its universal success in the treatment of this most dreaded disease could be made to believe that this statement is true, it would put an end to deaths from this disease; and the doctors and patrons would find that their little ones, instead of going steadily on to a most agonizing death, would recover so easily that the fear of the disease would forever disappear.

For six or eight years the writer passed through the fearful ordeal of seeing his helpless little patients smother to death. About six years ago, I became aware of the fact that this remedy would save every case. Since then I have used it in about fifteen cases. All easily recovered and now I do not fear the disease any more than we do measles. In fact, after pre-

scribing for a patient I think nothing more of it until time for the next visit.

I have been writing medical journal articles on this topic for years. Many of the doctors use the dark iodide, but many more overlook it amid the many so-called croup remedies. It is bound, however, to come to the front; and not long in the future the death of a patient from membranous croup will be looked upon as inexcusable.

Last week while reading a letter from a Pennsylvania M. D., asking how I saved all my membranous croup patients, an excited little mother rushed into my office and requested me to come to the house to see her three-year old boy who had croup. I went and found that the boy had been prescribed for by a brother doctor, but the parents seeing no improvement had let him go and sent for me. The boy had been ill three nights, was breathing loudly and coughing hoarsely, with all the membranous croup symptoms. I prescribed. He was better in a few hours, and was discharged in two days cured.

The dark iodide of lime, so far as I know, is manufactured only by Billings, Clapp & Co., 165 High Street, Boston, Mass. Send them 50 cents and you will receive by return mail one ounce of the remedy. Protect it from the light. When you have a patient, put ten grains in four ounces of water and shake. Allow it to settle and give one or two teaspoonfuls every thirty to sixty minutes, until the tight, dry cough becomes moist, then less frequently. Do not shake up the deposit of lime in the bottom of the bottle. If the throat seems filled with exudate, an emetic of turpeth mineral may be given to carry away the offending matter. Keep the remedy up until the patient is well, which will be in from one to three days. You may add some other remedies if you wish; but the iodide will cure every case without other medicine. It is one of the most active alteratives, and it is upon this

ground that it does its work. It is not at all poisonous and you may use it freely without any unpleasant symptoms.

I hope that no doctor after reading the above will be guilty of allowing his little patients to die from this disease when he now knows that in the dark iodide of lime he has a specific.

V. E. LAWRENCE, M. D.

Ottawa, Kas.

—:O:—

Dr. Zophar Case has called attention to this lime salt, and it is now on the list of the Abbott Co.'s tablets. Dr. Lawrence distinguishes between membranous croup and laryngeal diphtheria, but this cannot often be done in practice.—ED.

NUCLEIN IN CHRONIC BRONCHITIS.

Editor Alkaloidal Clinic:—A lady had chronic bronchitis, with an acute exacerbation. She was weak and anemic, coughed much, mostly at night; night sweats; pulse 102, no fever.

I gave her Nuclein (Aulde), three granules every four hours; iron and strychnine arseniate, one of each every three hours. She improved and was soon out of bed. I attribute the improvement, especially of the cough, to Nuclein (Aulde).

Since I have been using granules I note how often patients come and ask for "the same medicine," instead of going to the drug-store for a refill.

M. P. STOLTZ, M. D.

Louisville, Ky.

CARBOLIC INHALATION FOR INFLUENZA.

Editor Alkaloidal Clinic:—A prominent citizen, aged sixty-eight, was seized with influenza; pulse 80, respiration 24, some cough, temperature 97°. He slept and ate well, but had tonsillitic pains and was constipated.

I gave quinine and strychnine, with Waugh's Anticonstipation granules; and

as next day the temperature was still sub-normal, I added Nuclein (Aulde).

At the end of a week there was no apparent change. I ordered him to stay in bed, and added atropine and inhalations of carbolic acid, half a drachm to a pint of boiling water. He was relieved from the first, and the temperature rose, so that he was soon able to be about.

A. M. DAVIS, M. D.

Burtrum, Minn.

—:O:—

Atropine comes pretty near to meeting the specific indication in influenza, whose central symptom is the loss of tonicity, especially of the vaso-motors. But the effect of the germicidal inhalations is not to be underrated.—ED.

HEART DISEASE: REPORT.

Editor Alkaloidal Clinic:—On page 350, June CLINIC, will be found my letter and your advice. This has been followed except that epsom salts was used, as I had no seidlitz. The trinity and apocynin granules were taken with proper food and as much exercise as was judicious. At present my health is apparently as good as before the dark shadow fell threateningly across my path. I wish also to thank Dr. F. X. Spranger for his excellent advice and invaluable prescription.

DR. D. B. PIERCE.

Indian Mound, La.

FOREIGN BODY IN THE BLADDER.

Editor Alkaloidal Clinic:—The piece of catheter in the bladder, an account of which was published in the CLINIC, proved to be three inches of the upper end of a No. 8 catheter, and was retained four weeks. It was then passed without difficulty, split through one whole side lengthwise, and was breaking down from the action of the urine. I could not see that it caused any harm to the patient, and from the

condition of the rubber concluded that in a short time it would have been completely dissolved.

If I meet with such a case again I will not feel uneasy, and believe the best way would be to leave it alone.

DR. W. E. MOORE.

Derby, Iowa.

—:O:—

Some men are born lucky.—ED.

CAPILLARY BRONCHITIS.

Editor Alkaloidal Clinic:—A child, ten years old, had capillary bronchitis. She had been sick a week when I was called. I rendered an unfavorable prognosis.

Her temperature was 102.4° F., respiration 60, pulse 140 to 160; hard, dry cough; bowels puffed and tender; face, neck and fingers dark, nearly purple; cyanotic; delirious.

She was given a sponge bath all over the body, then the chest, sides and back were well anointed with coal oil, turpentine, camphor and mutton suet; over this was applied a pretty thick layer of cotton batting. I put eleven No. 243* granules

*243=Dosimetric Trinity, No. 1.

43=Brucine, gr. 1-134.

55=Calcium Sulphide, gr. 1-6.

62=Cardiac-tonic, gr. 1-134.

248=Heart-tonic.

179=Potassium Bichromate, gr. 1-67.

into twenty-four teaspoonfuls of boiled water, and gave one teaspoonful every thirty minutes until the fever reached 100° F., then every one, two or three hours as needed, to keep the fever from running above 100°; calomel, gr. 1-6, every two hours till effect; also two No. 43 granules every three hours for seven days. At the same time she was given No. 55 to saturation, then one every three hours as long as she had fever, along with Nuclein (Aulde). Now and then it became necessary to administer No. 62 or 248 as indicated, to tide over an occasional sinking spell.

In this case as well as others No. 179

came into play as an alterative to the mucous membrane and expectorant, and its power to dispel the cyanosis, which occurred several times in the face and fingers during the first four days, each time to fade away under its use. Fever ended on the sixth day by lysis. I dismissed her on the eighth day with a week's rations of No. 43 and Nuclein (Aulde), two of each three times a day.

On the sixth day after I dismissed her I examined her lungs, which I found clear, but her respiration was thirty-four (34) to the minute, yet feeling perfectly well.

W. H. BLYTHE, M. D.

Mt. Pleasant, Texas.

APOMORPHINE. "WHY?" BOOKS, ETC.

Editor Alkaloidal Clinic:—Dr. Seay, page 644, gave apomorphine by mouth as an emetic. Dr. H. D. Marcus says in an article in *The International Clinics*, page 10, vol. 3, seventh series: "It seems to have absolutely no emetic properties if taken by the mouth." He quotes William Murrell, who found that as high as two-grain doses could be safely taken internally without even exciting nausea. I have given the metric granules of apomorphine with no perceptible effect.

"Why?"—That little interrogation by "Ed. A.," page 637, in Dr. Fox's article, could be used in many communications with dire effect. Were we to stop and ask: "Why am I going to give this or that remedy?" many times our patients would get placebos, instead of some drug not indicated by the "totality of the symptoms."

Apocynum.—One good symptom for the use of the above remedy is œdema of the lower extremities. It seems to stimulate the circulation in the capillaries and the fluid is absorbed. I have used Lloyd's specific tincture for that purpose for several years with uniformly good results in all recent cases.

Books.—I wonder how many of the readers of the CLINIC have read Haig on "Uric Acid." A close reading of the third edition of his work would enable any physician to answer a good many "Whys?"

Bouchard on "Auto-Intoxication" is another book that ought to be thoroughly studied by every physician who desires to be able to give a "reason for the hope within him." I am now wrestling with "Meigs' Origin of Disease." It is a finely illustrated work, but a man who never studied the pathology of the tissues under the microscope would scarcely consider himself paid for the reading. Dr. Meigs differs from many pathologists who have gone before; in fact, he seems to be a kind of pathological iconoclast.

Wood and Fitz' "Practice of Medicine," supplemented by Waugh's "Treatment of the Sick," gives a man an outfit of the latest and best along that line.

THE ALKALOIDAL CLINIC. Well, I am in love with it. I have taken it from the first number, and think it the best dollar annually expended.

I. B. WASHBURN, M. D.

Rensselaer, Indiana.

NASAL HEMORRHAGE.

Editor Alkaloidal Clinic:—On page 552, the author says this condition is often troublesome and exasperating in the extreme. Now, my dear sir, when called to such a case again try the following:

Take enough absorbent cotton to make a ball as large as an ordinary pea, run a thread through the center with a knot in one end, apply a little oily grease of any kind (not salt), sprinkle tannic acid on it, insert into the nasal cavity, take your pencil and push up to the bridge of the nose. If blood runs the other way push a little farther, and cut the string sufficiently long to get hold of to withdraw cotton any time after a few hours.

This is my own invention, I having had

the pleasure of treating the worst case I ever heard of; a child seven years old, who had been treated by a surgeon in the city for more than three years. He gave ergot and nux vomica; but never plugged the cavity. My treatment gave satisfaction. The child had no further use for the city surgeon.

J. G. FESSENGER, M. D.

Earlsboro, O. T.

—:O:—

This is, of course, the ordinary plugging of the nares, which can be much better done by means of Belloq's apparatus. But Dr. Fessenger has shown how this can be done by home-made means.—ED.

PNEUMONIA.

Editor Alkaloidal Clinic:—In 1864 I was called by the following note from a planter living some twelve miles hence: "Come down, I have lost one man and several others are sick." I reached there about dark; the planter himself attended me with a lantern to visit his sick, some five or six, all pneumonias. On returning to the house he remarked: "I feel like I am about to have a chill myself." On entering he remarked: "I certainly have a chill," and ordered a fire to be made.

He lay down on a pallet before it, covered up, and in an hour he was delirious, with high fever. On the next day he was still delirious. He was a bachelor and was surrounded only with his negroes, with no good nurse.

Next day I sent runners to his neighbors, telling them of his situation. Prompt to my call, they attended. On going around to see the sick, I came to one, when I said, "This man for his pain in his lungs has been cupped, which relieved him, and has since been blistered, which has drawn well (second day); if the pain returns I wish him cupped again over his blister," etc.

On my return next day I was informed that the pain did return, and had been relieved by cups according to directions.

I found all my patients better. I scarcely think I, myself, would have dared the seeming barbarity of cupping over a raw blister, but I knew my man.

All the patients were first given an original pill of calomel, six grains, or blue mass, ten grains, to open the primæ viæ; cupping or blistering when necessary to relieve pain; Norwood's tincture of veratrum viride to control heart-action; spirits of turpentine as alterative to the mucous membrane of the bronchia.

My patients all recovered, and in short order, simple, no shot-gun prescriptions, unique.

You ask: "Can simple and single pneumonia be aborted"? I have aborted several attacks with the above medication.

For the past twenty years I have added to the veratrum viride the concentrated tincture of gelsemium for a febrifuge, ten drops of gelsemium and five of veratrum, given every three hours according to effects, taking the temperature and rate of pulse each time. If after the first three hours the pulse is falling, give half a dose; in the next three hours, if necessary, smaller, rarely needed. This is the best I have ever found in all high temperatures, given together with cold water sponging.

I was called to a young man with high fever, flushed face, severe cough, pain in the side, respiration so painful he could scarcely talk. Cups were applied, old-fashioned flat tumblers, coffee-cups or tin-cups. Relief was instantaneous; and when I left I looked around at the smiling faces of the patient and his attendants.

Now, Sirs, is not pain the most prominent cause which the doctors are called to relieve? When a patient with fever is restless, tossing about in bed, has severe pain in the back, cup him. He will bless you.

In my younger days I was attending a patient; a neighbor calling to see him, asked what was the complaint. I told him high and continued fever. "Has he pneu-

monia?" which was then rife in the neighborhood. I told him no; and to prove my smartness to the old gentleman I told him the healthful chest sounded hollow on percussion and flat in pneumonias, and suiting the action to the word I bared the breast and commenced percussion. To my surprise the sound was as flat as if it had been on a brick. Auscultation gave me, in parts, no sound; in others, crepitant rales. The patient had not complained at any time of a pain or cough. Can you imagine the blank confusion? He recovered.

W. E. PEGRAM, M. D.

Dayton, Ala.

THE ABORTIVE TREATMENT OF TYPHOID FEVER.

Editor Alkaloidal Clinic:—I am proud of my record in the treatment of typhoid fever during the past two months, not so much for myself as for the success of the alkaloidal method.

For the past two years I have been telling my people and neighboring physicians that I have been jugulating or aborting a large per cent of my acute diseases, particularly fevers. But the jealous ones and especially the devotees of the old methods have been disposed to criticise me and often did some very hard scolding because I claimed to abort pneumonia, typhoid fever, etc., saying it was not pneumonia, it was not typhoid fever and all this; and never until now have I had an unquestionable opportunity of demonstrating to the whole community the truth of my claims. In the past two months I have treated in one neighborhood two miles square, thirteen cases of typhoid fever; all of which, with one exception, have been clear of fever and decidedly convalescent in from eight to sixteen days, and I have had no fatal relapses. One patient died but I did not



J. M. EVANS.

treat him, for the reason that he refused to be treated and would not conform to my rules for a sick man, having his clothes on daily, rambling from one bed to another, up-stairs and down-stairs and to the barn, with a temperature of 104 to 105°. He lay in bed but two days, at the end of which time he died of active hemorrhage of the bowels.

But for the fact that one of the most robust men of the community was taken sick while waiting on my patients, and before he got to bed was taken to his home in another neighborhood, and after five weeks' sickness died of typhoid fever; my diagnosis might have been questioned, but this case so fully demonstrated the type of the fever that it could not be disputed.

There were also four cases of the same fever in an adjoining neighborhood, of which two died. These cases, five in all, were treated by regular scientific allopathy so-called, with three deaths. One was a very healthy man of fifty. The other two who died were a stout boy and girl about thirteen years old. These cases show the malignancy of the fever the precision and reliability of the alkaloidal treatment and the uncertainty and unreliability of the old method.

One of the fifteen cases that were taken sick in the same neighborhood was treated by the Woodbridge method. He had a bad getting up. After the fever had been gone some four days he was taken with dreadful pain and swelling in his right leg extending beyond the hip, terminating in cellulitis with a fever above 103°, the limb swelling twice as large as the left. The case finally fell into my hands and now after ten days is comfortable, but unable to walk and far from being well. All my cases were treated largely with the alkaloids, and without exception are convalescing without complications.

But my treatment has not been exclusively alkaloidal. I have used, in the past two months, two four-ounce boxes of

that most excellent antipyretic, Zomakyne. As far as I have tested it, it is the safest and best coal-tar derivative I have found. With it and the alkaloids you can hold the fever safely, just about as you please, until it subsides. I also give as an antiseptic, Listerine. I fill a bottle one-third full of Listerine, add a little sugar and fill the bottle with water, and order one teaspoonful three times a day as long as they are sick. Abbott's Saline Laxative as a laxative all the time, and the Shaller-Abbott Zinc Codeine Compound to counteract diarrhea. With these hints as an outline any careful student of dosimetry will be able to jugulate typhoid fever.

It may be well to add that I use the antipyretics chiefly from 9 a. m. to 9 p. m., and quinine at one, four and seven in the morning, one grain of quinine after 8 a. m. About two to three No. 2 capsules of Zomakyne in the afternoon with the "trinity," from one-half to three hours apart as the fever demands, will as a rule give the patient a good night's rest, which is worth everything; and patients will slide through the fever as a rule without a reverse. I used in these cases, very largely, quinine arseniate; and in a few cases of rheumatic diathesis the salicylate of quinine. How may we prevent intestinal hemorrhage?

J. M. EVANS, M. D.

Clarksburg, Ohio.

—:O:—

There are many ways to accomplish a desired end in medicine. If there were not, therapeutics would be a very contracted branch of the profession. Dr. Evans' treatment was successful, proof positive that it was rational and scientific. We beg to compliment him and believe that his plan can be studied with much benefit.

While not purely alkaloidal, so-called, we are glad of this opportunity to say that the strict use of alkaloidal principles is not necessarily essential to the success of what we call the alkaloidal or dosimetric method

of treatment. It is the method for which we contend the more strongly, the tools are secondary. We only insist that they shall be the best. I am sure that CLINIC readers will be glad to hear from Dr. Evans again. Intestinal hemorrhage may best be prevented by keeping the temperature low and the alimentary canal aseptic and clean; the former with the sulphocarbolates, preferably the W.-A. Intestinal Antiseptic, and the latter with the Saline Laxative so often mentioned in these pages.—ED.

CALIFORNIA FOR PHTHISIS.

Editor Alkaloidal Clinic:—The article in November CLINIC by Dr. Swain about tuberculosis I read with great interest, because this disease is the only one I have here to do with; epidemics and zymotic diseases, as typhoid, scarlatina and diphtheria, etc., are here unknown, or only present when newly arrived people from the East import them. As for creosote in tuberculosis, my experience has taught me that it does not increase the appetite but destroys it, neither does it prevent hemorrhage; if I have to use a similar remedy, I prefer carbonate of guaiacol. But in all the other points I agree with him, especially when he says, "A dry climate is the best for most of them." But does not the advice to go to Florida and the sea-coast contradict this sentence?

Now as for Antelope Valley—2,800 feet above sea level—Palmdale and vicinity, a few words: We have here 360 days of sunshine in the year; there is hardly one day when a patient could not be out-doors; temperature in summer averages 96°, in winter, 35°; hottest day, 108°; coldest, 18°; rain-fall, four to eight inches; no rain since March, except a small shower in July; there is no fog here, such as they have for nearly 200 days in Los Angeles, San Diego, etc. at least for some hours in the forenoon. Here we have the ideal climate for asthma

and lung-troubles. There is not the least doubt that if persons with such ailments will come here and if possible reside here, they being in the first or second stage, they will find health and a long span added to their lives; while it is equally true that if such patients delay until one foot is already in the grave, the other foot will soon follow upon their arrival here. And I must call it a real cruelty to send patients in the last stage of tuberculosis from home only to die here.

My friend, Dr. Peckham, himself a proof of the curative air of this valley, and who had suffered from hemoptysis and consumption, has a nice health resort and sanitarium about twenty miles from here, at Big Rock Villa, and has patients there all the year round. He could tell more about this region, as he was residing here before me. I am only four years here.

Now, as to treatment of some cases in my practice: 1. A young man, twenty-four years old; hereditary tuberculosis, first stage; high fever, night-sweats, coughing day and night, bloody sputum, containing plenty of tubercle-bacilli and pus; emaciated, not able to sit up for two months; is getting all right by taking Aulde's Nuclein, first in tablets, four every three hours and later fluid Nuclein, four to ten drops every three hours; also strychnine arseniate, ergotin, atropine; later, syrup of hypophosphites, Maltine and cod-liver oil.

2. Patient, forty-three years old, from Wisconsin; farmer; far advanced in tuberculosis; right lung gone, ribs on that side flattened and bent in, the left side barrel-shaped with lung emphysemic asthma, so that he could not lie down; had not slept in Los Angeles for months; came up here in September. Asthma relieved with atropine, hyoscyamine, arseniate of strychnine, Aulde's Nuclein; codeine for night-rest; getting better, so that he could enjoy a good rest nearly the whole night; could walk around; weight increased three pounds; night-sweats gone; coughing up

white phlegm. But making an error in diet, eating too much cheese, and exposing his body to cold night-air, riding in an open wagon eight miles, brought on a relapse; he lost his appetite; diarrhea set in, expectorated bad-smelling yellowish-green pus, and in six weeks death closed the scene.

3. A gentleman from St. Louis, Mo., thirty-five years old; had hemorrhage of the lungs; father, brother and sister had died from hemoptysis. He got well, enjoyed good health here three and a half years ago; weight increased twenty pounds. He stayed a long time with Dr. Peckham, but went down to Pasadena, near Los Angeles; there he took creosote, twenty to thirty drops three or four times a day; lost weight; came up here, over high mountains, in a buggy; took cold, got pneumonia on the right lung, so far the sound one; hemorrhage came on and he died.

So I could add many more cases in the different stages of tuberculosis, would time and space permit; but all showed that our dry air and perpetual sunshine for nearly the whole year around cured more cases in the first stage of tuberculosis without any medicine, than all treatment with medicine and even the anti-tubercular injections could cure in a damp, cold or warm, moist, foggy climate.

EDWARD A. VOGT, M. D.

Palmdale, Los Angeles Co., Cal.

—:O:—

The earth is full of consumptives who would have got well if—ED.

THE W.-A. INTESTINAL ANTISEPTIC.

Editor Alkaloidal Clinic:—I received some time since some Intestinal Antiseptics with a request to use and report results. I had a case of long standing, for which soda, bismuth and other remedies had been prescribed with only temporary relief. If the patient would eat food for dinner to-day with acetic acid or

the like, about 2 o'clock to-morrow morning he would be awakened with a tremendous disturbance of the bowels and the making of gas in abundance, discharged *per ani*, and the pulse so quick it could not be counted. This state of things would continue till relief was had by the medicines above referred to.

I commenced using the tablets sometimes before, sometimes after, meals, until all were used.

Now, what is the result? There has been no recurrence of the trouble.

What is the legitimate inference to be drawn from the facts? At any rate, the trouble is held in check and we hope cured; if by the use of the tablets the disease is only held in check, they are of immense value to the patient.

A. W. HOBBS, M. D.

Freedom, N. H.

PNEUMONIA.

Editor Alkaloidal Clinic:—In the CLINIC for May, 1897, a writer warns young physicians against the use of opium and calomel in pneumonia.

The applicability of this advice depends on the case. In lobar pneumonia of adults with delirium I would certainly give opiates enough to quiet them. In infantile lobular pneumonia do not use opium in any form. Veratrum, gelsemium, etc., are of use for full-blooded adults. Ipecac is indicated in almost every form, and sometimes squill is of value.

Calomel is a two-edged sword with which you may cut where you do not wish. If the cough is tight, the tongue dry and fissured, the glands torpid, give calomel in small, frequent doses until reaction in the glands occurs, and your other treatment will prove more efficacious. This rule is applicable in any type of pneumonia.

In infantile lobular cases, give potassium bromide, one drachm; tinct. cimicifuga, fifty drops; aromatic spirits of ammonia,

one drachm; tinct. ipecac, ten drops; syrup of squills, one ounce; syrup of tolu to make three ounces. Direct: A teaspoonful every two or three hours as needed.

When the child is restless, tossing about, with cough worrying and exhausting him, give *passiflora* (tinct.), one drachm, in two ounces of water, half to one teaspoonful every one to two hours till calm and restful sleep ensues and Nature can come into her workshop and repair her machinery. And the parents will call you great and pay your bill willingly.

A. F. REED, M. D.

La Mines, Texas.

—:O:—

Keep that boy alive, Doctor; the breed that is grateful must not be allowed to die out. And if you will jump into the procession and adopt some modern preparations the boy will bless you likewise.—ED.

PNEUMONIA AND PLEURISY.

Editor Alkaloidal Clinic:—To the arm of the diseased side, midway between shoulder and elbow, on the inner aspect of the humerus, in the *sulcus bicipitalis*, apply a reliable fly-blister of a silver half dollar's largeness; secure by means of a reliable adhesive plaster, compress and bandage. After sixteen to twenty-four hours remove the blister, dry the perfectly denuded sore with absorbent cotton and cover with a previously prepared piece of Mead's rubber adhesive plaster, 2x3 inches, to which three to four dry peas have been stuck. Secure by means of compress and roller bandage. Renew this dressing (peas, plaster, compress and roller) every morning or evening, or both, for eight days or more; and you may be sure, by establishing and maintaining such an angry inflammation in the arm, the process in the lung will be cut short. The organ returns to its normal condition, with no sclerosis, no suppuration, no pyothorax nor hydrothorax. In

pneumonia of children, too, this method (modified according to age) will prove invaluable. Within twenty-four to forty-eight hours convalescence becomes evident. Medication? *Placebos!*

J. KORNITZER, M. D.

Socorro, N. M.

—:O:—

Whenever we find such antique methods advocated, we may be sure that alkaloids are not mentioned. Doctor, the issue is a bygone measure, though not necessarily useless on that account. But try the defervescent next time.—ED.

SCIATICA AND ABDOMINAL DISTRESS.

Editor Alkaloidal Clinic:—Mrs. S., a fleshy woman, had had sciatica for a long time. She could not move hand or foot without excessive pain. There was also vaginitis and peritonitis. For the latter I applied a liniment, compounded of oils of origanum, cedar, wormwood and sassafras, one ounce each; camphor, spirits of chloroform, tinct. capsicum, tinct. lobelia and ammonia, half an ounce each; cotton seed oil, two ounces; alcohol, one ounce. This was applied twice daily, and the abdomen covered with brown paper and this with hot hop bags.

Internally, I gave five grains of salfene every fifteen minutes for four doses, then three times a day; also *Liquor Sedans*, a teaspoonful in water every three hours.

For the fever I gave her aconitine, fifteen granules, in twenty-four teaspoonfuls of water; a teaspoonful every fifteen minutes for six doses, then every half-hour.

For the sciatica I gave spec. tinct. *rhus tox.*, gtt. 1-10, every two hours. In four days the pain was entirely gone. I also gave a cathartic pill.

For the vaginitis, when the pain had been subdued, I used a lotion of *Borolyp-tol* and *Listerine*, one ounce each; *hamamelis* and water, two ounces each; one ounce of this in a pint of warm water,

gradually increasing the heat as it could be borne. In a few days the inflammation subsided, and in two weeks I dismissed the case.

The case has been quite valuable to me.

As to hot pancakes for pneumonia, if Dr. Britton would use the liniment mentioned he would find it preferable and not nearly so mussy. It is good for any chest pain, and for croup. For adults with colic, give internally half a teaspoonful in half a cup of hot water; also for abdominal pain with chilliness. In children's croup, a few drops in warm water, frequently repeated, loosens the phlegm.

LIZZIE E. HAZLETON, M. D.
Indianapolis, Ind.

THE MEDICAL WORLD.

Editor Alkaloidal Clinic:—Here is my hand for your editorial in reply to the foolish attack made upon *The Medical World*. I have been taking it for two years and am only sorry I did not subscribe for it years ago. So you see I belong to the "unwashed, semi-educated and unregenerate."

H. E. ZIMMERMAN, M. D.
Mt. Jackson, Pa.

—:O:—

And there are others. We would just venture the opinion that the results of this affair as seen on the subscription list of the *World* do not keep Charley Taylor awake of nights worrying.—ED.

NUCLEIN IN DIPHTHERIA.

Editor Alkaloidal Clinic:—I have been using Nuclein (Aulde) some for the past two years and have not been disappointed. As a life-sustainer in extreme debility I am well pleased with it.

A girl, eight years old, had croup. I prescribed calomel, gr. vij, and Dover's powder, gr. x, divided in five powders, one every hour until all were taken. Next morning the pulse had become rapid and

feeble, the respiration slow and difficult, the face pallid and dusky, the whole condition asthenic. The nose, mouth and pharynx were covered by a diphtheritic exudation. An abrasion on the hand and another on the foot were covered with a gray deposit—diphtheritic, of course.

Two granules of Nuclein (Aulde) were at once given hypodermically, and two more by the mouth. Four more were dissolved in two ounces of boiled water, with which the mouth and throat were mopped and a little injected into each nostril. This was repeated every four hours.

Next morning all the exudation and every symptom of diphtheria had disappeared, and I had remaining a pure, unadulterated, unmixed case of genuine croup, of which she died that day, asphyxiated.

I regard this as a diphtheria supervening on croup, the former being annihilated by Nuclein.

P. E. SANDIDGE, M. D.
Nelson, Mo.

—:O:—

Doctor, give calcium iodide a trial in croup and let us know the result. The prompt result following the local use of Nuclein (Aulde) makes us regret that it was not also sprayed into the larynx as well.—ED.

PROCIDENTIA UTERI IN VIRGINS.

Editor Alkaloidal Clinic:—In answer to your interrogation in September CLINIC, I can do no better than refer to some standard texts on the subject:

"Complete procidentia is essentially a condition of middle-life or old age, and occurs usually in those who have given birth to more than the usual number of children. But I have seen it occur in young unmarried women, in consequence of tenesmus excited by dysentery, or by lifting, by which the uterus becomes at first retroverted." (Emmet's Principles and Practice of Gynecology.)

"Though usually met with in multiparæ, and especially in those who have

born many children, it may occur infrequently in virgins and in nulliparous married women." (May's Diseases of Women.)

This is all the authority on the subject that I have at command, but I trust it will suffice.

J. L. FLEMING, M. D.

Trezevant, Tenn.

—:O:—

Very well put. The fact that prolapse may occur in virgins, and its causes, are so little recognized that I have known unwarranted aspersions to be cast on such women.

Now for another question: Can any reader give instances of the cure of prolapse by drugs administered by the mouth? —ED.

STOMACH WOUNDS.

Editor Alkaloidal Clinic:—I read, with intense pleasure, your stricture on my article in the December CLINIC, page 706, where you ask if it would not have been better for me to cut in, and sew up a torn-open stomach. I cheerfully answer, No; for the reason that I realized that that rent let out a half gallon or more of beer and whiskey into the cavity of the abdomen; so that peritonitis was a fact *per se*, should he live to react, sewed up or left open. But he never reacted; nor did I suppose he would. Had I operated and had he died I would have been a victim of unfavorable reflections by the profession for mutilating a dying man, and would have been open to imputations by the gossips. And, further, I would have stultified myself by operating against my judgment.

And then again, you remember what Parrhasius said: "What were ten thousand lives like thine compared to such a fame as mine?" I have never regretted a prognostic which I ever made.

Look here! Our science teaches vitality by a tripod—the heart, the lungs and the brain—and that the three are the vital

organs—*le nœud vitale*—the vital knot; and in obedience you say that the stomach is not a vital organ. Do you have to so conclude because our science teaches it? Science is of mortality, and consequently imperfect.

Lord Bacon, England's mightiest mind, taught me that I owed but a temporary credence to my preceptors; that I must not follow them to the slavery of my own intellect. Now I should so follow if I accepted as true but three vital organs. A vital organ is an organ the destruction of which will cause death. The stomach is a vital organ if its destruction will kill. A man cannot subsist without it any more than he can without a brain. And so of liver, kidneys and bladder. Hence you perceive that there are other vital organs as well as brain, lungs and heart, science to the contrary notwithstanding.

It is possible for a clean cut four inches long, by a sharp knife, to heal, if properly sutured, to recovery; but not if ripped open and comminuted by a spent leaden bullet, as was my case.

The brain will bear wounding; will endure more extensive destruction than the stomach.

You remember our man of the New Jersey stone quarry, who had a crowbar blown through his head, central as to the brain and yet recovered. No such lesion of stomach was ever recovered from in all the history of surgery. The whole cerebrum has been removed and yet life continues. And yet the brain is a vital organ! Remove the greater end of the stomach, leaving only the lesser or pyloric, and what is the result? Prolonged life? Oh, no. Is the stomach non-vital? Think a little, and cease to be a slave to the guesses of other scholars.

W. S. FRANKLIN, M. D.

Mont Ida, Kan.

—:O:—

Well, let us know what our readers think of the question.—ED.

GUAIACOL EXTERNALLY.

Editor Alkaloidal Clinic:—Apropos of your comments on my article in a recent number of your excellent journal, I want to say that I have been treating continued fevers for at least three months at intervals and that I have, in the great majority of cases, used the sulphocarbolates of zinc and soda. I can report good results also. I have now on hand a case of true typhoid, which I treated throughout with them and calomel, with the exception of an occasional deviation for only a short time. To-day is the 28th day and the temperature was 98° F. at 10 a. m. He had previously a temperature of 106° and a hypostatic pneumonia to withstand, and while he is very weak to-day he seems to bid fair toward a final recovery.

I did not say that guaiacol was the only drug for typhoid, but I wanted to give it all the credit it deserves. I believe it is a great remedy if handled correctly. But I want to say further about my case above-mentioned that he is a little over seven years old and that he has had a tough time for it. Dr. Weeks, of Marion, Ohio, who met me in consultation, promised the parents a "hard fight," and it certainly was. Now then, I score one great victory for calomel and the sulphocarbolates.

But there was a time when bathing, "assiduous-continuous-sponging," did not bring the fever down during this case. It produced fatigue and chill. I thought here would be a good case in which to use the guaiacol locally, and accordingly I exhibited about thirty minims of it locally with the result of a gradual decline of temperature, until it reached a subnormal mark! Moreover, the boy also had a decided chill, but slowly resumed his fever and did not seem to be any different from what he was before.

Here I found that guaiacol should be given in graduated doses, even when used externally. And I report this fact for the

benefit of others who have not "found it out."* It is my opinion that we should use care in the exhibition of guaiacol, in whatever way we use it. It may be said that it is a depressant, which I readily grant, but then we get the best of results from its use in phthisis, which everybody knows is an adynamic disease.

I afterward used guaiacol in doses of five to ten drops, rubbed on the abdomen, with an invariable and immediate diminution of fever, and a sweat. Nor does this make a bad pulse or unusual prostration, but on the contrary it produces a feeling of well-being. Now, I want to add that if guaiacol is a good systemic antiseptic (as we have a right to suppose from its good effects in phthisis), it certainly is a valuable drug if we know how to handle it.

Does guaiacol kill the bacillus tuberculosis? Will it kill the germ of typhoid or of malaria? It is our business to find out. But I will admit that if we have in the sulphocarbolates a remedy that will meet and reduce high temperatures without fail (the bath always included), I do not see any use of looking further. But if we can find in guaiacol a remedy that will, under some circumstances, be a decided addition to our *Materia Medica*, I can see no objection to its admission.

As to elimination in typhoid, let me say briefly, that I am sure that if there is any indication in the literature of the times, there is a very marked tendency to regulate and assist the evacuations of the bowels in typhoid, rather than to stop the diarrhea. For it is beginning to be plain that retention in this case is dangerous. I myself do not advocate more than free, continuous (painless for that matter) evacuations produced by calomel and salines. But I contend for that. I have to say that my experience, though only a matter of a dozen years, all goes to show that this idea is right.

Dr. Rudolph Matas, Professor of Surgery in the Tulane University, of New

* I have not seen this published anywhere.—S. H. B.

Orleans, says: "In asthenic cases in which the ordinary antithermics are badly tolerated, and in which for fear of hemorrhage or other causes it is impossible to move the patient to the bath, I believe that the epidermic use of guaiacol by Sciolla's method and Da Costa's directions, is of service in combating hyperpyrexia. I had a typical case which occurred a few months ago in which guaiacol did good service. As an adjunct of great value in reducing fever and in diminishing the tendency to delirium, I always insist upon the use of the ice-bag or ice-pillow as a head-rest."

I am a seeker after truth, and therefore,

Yours fraternally.

S. HERBERT BRITTON, M. D.

Adelaide, O. —:o:—

In many cases guaiacol, the naphthols and other antiseptics, do better than the sulphocarbolates, though the latter are superior in four-fifths of all cases. I am trying to separate these, so that I can tell beforehand which to use, but it is difficult. I wish you would all help me in the matter. In typhoid I have nothing so good as the sulphocarbolates, but give them up to 100 grains a day, if necessary, keeping the bowels regular by means of the Saline Laxative and warm enemas. I have not had to use the bath for years with this treatment.

Guaiacol has not given me as good results as creosote in tuberculosis, but I am still testing it. Combined with piperazin it is a powerful febrifuge. Its external use is new to me, and deserves investigation.—Ed.

A PERSONAL EXPERIENCE.

Editor Alkaloidal Clinic:—My good will toward alkaloidal medication came from the personal use of atropine granules, some time since, for an acute coryza. I had sneezed no less than one hundred times, while rivulets of warm fluid came from my nostrils. Having a sample of

your atropine sulphate, gr. 1-500, on hand, I applied it in a rather heroic manner, I thought, but in a few hours I felt entirely relieved. The next day my wife developed the same symptoms and to prove whether my recovery was in any case a coincidence or not, I gave her the same treatment, with the same result.

Not that I never had used atropine before, but I had never used it so fearlessly, nor with such kindly results.

I have always been skeptical on the subject of remedies, leaning rather more toward non-interference than toward polypharmacy; but I think now, having something I may rely upon and in small doses, I may safely attempt what before seemed useless and at times officious.

MORGAN WILCOX AYRES, M. D.

Upper Montclair, N. J.

WORTH NOTING.

Dear Doctor Abbott: Although late, allow me to thank you for a copy of your Therapeutic Notes. It has been of great assistance to me, and I carry it in my vest pocket for ready reference, finding a vast deal compressed in its few pages.

As to Dr. Waugh's Book, I go to it for nearly everything, and am seldom disappointed. It is simply invaluable to the busy doctor; would be at a loss without it.

Am just as well pleased with the CLINIC as ever. Expect to discontinue some of my journals, but the CLINIC is a necessity.

With very best wishes for your future success, I am,

Truly yours,

G. G. KEMPER.

Leonard, Texas.

Enclosed find my renewal to the CLINIC, Whose light is like a lamp with a double wick.

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May success follow your enterprise.

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Lowell, Mass.

ONDENSED QUERIES ANSWERED

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 25. VARICOSE ulcer of leg, with eczema, of some years' standing; eczema elsewhere also.—X. Y. Z.

You do not give the age of the patient, but we are probably safe in inferring that he or she is really old either in age or constitution, in which case blood-building measures are of importance. Give Nuclein (Aulde), one tablet; strychnine arseniate, gr. 1-134, one granule; calcium sulphide, gr. 1-8, one granule, together, every two hours; Seidlitz salt mornings to move bowels; and now that you have stimulated the eczema, make an ointment of one drachm subnitrate of bismuth, and one ounce of fresh white lanolin or fresh lard; spread this over all the eruptive surfaces, cover with a clean cloth, and bandage from the toes to the thigh with our Ideal Elastic bandage or the Empire; it doesn't matter which. Use a three inch bandage and let the pressure be medium to light. This should be washed off with good clean soapsuds, castile or ivory, and renewed twice a day. Possibly this little change, which is practically along the line of your present treatment, will be of benefit to your patient. Remarkable results have been obtained by applying Bovinine to old ulcers. The itching may be relieved by ointments of losophan, gr. xv; benzoic acid, gr. xl; red oxide of mercury, gr. ij; carbolic acid, gr. xxx; either one to the ounce of lard; or by painting with Campho-Phenique, or compound tincture of benzoin. But if the surface to be covered is very extensive, I should apply Resinol or Unguentine, as these are safe. Keep the bowels open with Saline Laxative, and

clean with seven Intestinal Antiseptics daily.—ED.

Query 26. IMPOTENCE.—Lady forty-four years old, has one child, good health, regular menses, no uterine disease, impotent for over a year—X.

I doubt if any treatment will avail. The change is probably approaching and nature calls for sexual rest. Beware of interfering, unless you see a clear indication that help is necessary; I do not. It will be best to simply keep the bowels open and give one of those remedies that experience has shown to be useful at the age stated. I should prefer helonin, six to ten granules daily.

Query 27. MENORRHAGIA.—Aged twenty-two, married four years, no children, pains in stomach after eating, very nervous.—J. D. K.

The case looks like a "bleeder," and the first hemorrhage like an abortion. Give her a granule each of iron arseniate, gr. 1-67; strychnine arseniate, gr. 1-134; digitalin, gr. 1-67; and two of Nuclein (Aulde), m. 1-12, every two hours. This is for the intervals. If she starts to flow again, give her digitalin, gr. 1-67, four granules every four hours, alternating with two teaspoonfuls of spirits of cinnamon; keeping her in bed with the foot raised.—ED.

Query 28. DURING former pregnancies my wife has had pain in the right arm, elbow to fingers, along the median nerve. She is now four months pregnant, and has the pain. Health good.—J. D. K. Oklahoma.

I would suggest the application of tincture of iodine to the *os uteri*, as this is clearly a reflex neurosis from that organ. Also, give cicutine hydrobromate, gr. 1-67; hyoscyamine, gr. 1-250; and strychnine arseniate, gr. 1-134, every hour or two

when the pain is present. Keep the bowels empty and clean. Apply the ice-bag to the spine, between the shoulders. Can our readers add experience or suggestions?—Ed.

Query 29. ULCER on neck, healed, leaving an inflamed scar. The glands were inflamed, but improved under mercury. Would thiosinamin be of use?—J. C., Minn.

Thiosinamin would break down the scar and reopen the ulcer. Give the man mercury protiodide, gr. 1-6, every two hours, and apply the positive pole of a faradic battery to the scar, with a current too weak to cause pain.—Ed.

Query 30. CHRONIC ECZEMA.—Hereditary, on nose and forehead, itching, crust-forming, of thirty years' duration. Can it be cured and how?—X., Ohio.

Such cases require something to make a decided impression upon the surfaces long inured to disease. Apply cantharidal collodion; as soon as the blister heals, apply more, until you have reduced the infiltration. Then follow with ointment of red iodide of mercury, until no sign of the eruption remains; when an ointment of benzoic acid, half a drachm, oil of rose, five drops, and lanolin, one ounce, should be applied for a month, every night.

Meantime, clear out the bowels and keep them open by means of the Anticonstipation granules, and clean by the Intestinal Antiseptics. Give the sulphide of arsenic, gr. 1-67, before each meal, gradually increasing the dose to two, three and four granules, until the eyelids begin to get puffy and itchy; then drop a little, but keep on for a year, if necessary. Good sense, perseverance and a knowledge of therapeutics will work a cure, even in such a case.—Ed.

Query 31. "WHAT can be done for a case of tinnitus aurium of many years' standing? Has had catarrhal deafness for years."—C. K. F.—Wyoming.

The case almost certainly needs the attention of a specialist. But try Cornet's suggestion of aconitine; at the same time

treating any nasal or pharyngeal disease present.—Ed.

Query 32. PRURITUS VULVÆ.—Married woman, aged thirty-four; disease of twelve years' duration.—HOWARD OSBURN, Rippon, W. Va.

Keep the lady's bowels regular with the Anticonstipation granules, first unloading the alimentary canal by free purgatives and several high-up enemas. Then keep the bowels aseptic by about six Intestinal Antiseptic tablets daily. Before each meal give ten drops of dilute nitric acid. Locally apply, to stop the itching, compound tincture of benzoin. It may blister a little at first, which is not objectionable. If you find, however, that it irritates too much, use as strong an ointment of benzoin as the parts will bear, but begin with the tincture. After the patient gets better give her Resinol ointment and tell her to use it every night. You had better examine carefully for parasites as they sometimes cause this trouble. If this does not give relief, send her here to our sanatorium for a week or two. Sometimes the change does a lot of good.—Ed.

Query 33. PLEASE direct me in the choice of a concise work covering the field of municipal sanitation. Even in a village of 1,000 inhabitants some well-directed effort in this direction may be of value.—J. R. L., Illinois.

You are right, Doctor; and I would be glad to hear of 19,999 more of the CLINIC family following your example. The best work of the sort I know is Rohe's Hygiene published by the F. A. Davis Co., and costing about \$3.00.—Ed.

Query 34. TESTICULAR NEURALGIA, occurring at intervals for many years; swelling occurs, confining him to bed for ten days at a time.—S. H. COWDEN, Morrillton, Ark.

The best thing the doctor can do is to have the testicle removed. I will mention the case to CLINIC readers and ask them to write directly to you. Gross once said if he had made man he would have furnished him but one testicle, and that a very small one.—Ed.

Query 35. STOMATITIS.—Man, thirty-one years old, has had mouth-ulcers twenty years; is emaciated, but energetic.—O. E. S., Maine.

First clean this man's bowels out with a brisk cathartic, keep them regular with the Anticonstipation granules, and clean by giving seven Intestinal Antiseptic tablets a day. Feed well with good, nutritious food. Don't give mercury unless he needs it, which is not shown by the history. Have him clean his teeth on rising and after each meal, and any dentist's work needed should be attended to. Then touch the ulcers with iodoform and once a day pencil them with Campho-Phenique. I think this should cure him. Try it and let us know.—Ed.

Query 36. SUPERFLUOUS HAIR on a lady's face, How can it be cured?—S. S. W., Texas.

If the hairs are thick and black, such as grow from a mole, remove by the electrolytic needle; if downy, convince her it is an attraction rather than a defect, and you could not buy a single hair. I know of no chemical application that will destroy the roots of the hairs and yet not injure the skin. Do any of our readers?—Ed.

Query 37. GASTRIC ULCER.—Lady, twenty-three years old; five years ago began to have pain in the stomach after eating, at once or some hours later; is now rarely free from pain in stomach and left side, sometimes intense; vomits altered blood; menses every three weeks.—R. D. M., Texas.

Put her on an exclusive diet of milk and fruit juices, taken hot, a glass every four hours, with a tablespoonful of Bovinine. If the milk disagrees, add lime-water. Give five grains betanaphthol bismuth an hour before each meal. Relieve pain by morphine, gr. 1-12 to 1-6. See if there is not endometritis present, and if so, cure it, and correct any other uterine disease you find. Keep the bowels free by means of Saline Laxative, as the aloes of the Anticonstipation granules tends to keep up the too frequent menstruation.

If this fails, feed the girl exclusively by the rectum, vagina and skin for three weeks, keeping the stomach absolutely empty, and wash it out several times a

day with hot alkaline water, with a teaspoonful of Glycozone to the pint. Repeat this whenever pain in the stomach shows the presence of acid. If pain recurs speedily or the symptoms of gastric catarrh with mucus formation are prominent, add half a drachm of sodium sulphocarbolate to the pint of solution used to wash out the stomach.—Ed.

Query 38. ASCITES: with profound anemia and cedema; has improved on Nuclein (Aulde).—J. C. E., Ark.

If there is obstruction in the portal circulation, give one tablet of Nuclein, (Aulde), one granule of arseniate of iron, gr. 1-67; one of strychnine arseniate, gr. 1-134; and one of digitalin, gr. 1-67; every two hours, and keep it up two or three weeks before you decide whether it is going to do good or not. One granule of apocynin might properly be added to each dose, for a time at least, if it does not disturb the stomach. Keep the bowels loose with Saline Laxative, and give rich, meat foods, with little liquid. If this fails, I would drain the peritoneum.—Ed.

Query 39. PHTHISIS.—Man, twenty-three years old; left apex, throat and larynx affected for a year; many bacilli in sputa; evening temperature, 104°; morning, 99°; has used Aseptolin without benefit; appetite good, digestion all right; rides out daily.—E. C. D., Florida.

Keep him among the highlands of your state, and give him one granule of strychnine arseniate, one of iodoform and one Nuclein (Aulde) tablet, every two hours, increasing the iodoform one granule every third day until he is taking five or six at a dose. I would teach him to breathe deeply and thoroughly, so as to expand his lungs fully, and do everything he can in the way of good food, exercise, etc., to promote and stimulate vital functions. Give also six Intestinal Antiseptics daily.

Let him inhale the fumes of burning sulphur as long as he can, and then steam his lungs with boiling vinegar; finish up by atomizing fluid petrolatum with one-eighth part of Campho-Phenique. Do this every evening.—Ed.

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sons, and on account of some cases demanding my personal attention, I could not do this; so I decided to try the dry-hot air treatment which was recently so highly praised in French literature. I purchased from Messrs. Frank S. Betz & Co., of Chicago, their arm and leg bath, took four baths and was relieved. It occurred to me then that I was mistaken in my diagnosis. I then called on six parties, all of whom were my patients afflicted with one or the other form of chronic rheumatism, with which affection they went around considering it of no avail to take further treatment. Relief followed immediately after the first bath in each of the six cases. Of course they would feel the symptoms return the next day. Then other baths were taken.

The following is a list of the baths administered:

Mr. A. F., aged 36. Had rheumatism two years. May 11, duration 18 minutes; May 12, duration 19 minutes; May 13, duration 21 minutes; May 14, duration 24 minutes; May 15, duration 26 minutes; May 16, duration 21 minutes; May 19, duration 30 minutes.

Mrs. A. F., aged 36. Had rheumatism five years. May 13, duration 18 minutes; May 14, duration 20 minutes; May 15, duration 22 minutes; May 16, duration 24 minutes; May 17, duration 26 minutes; May 19, duration 29 minutes; May 21, duration 22 minutes.

Mr. E. C., aged 29. Polyarthritis chronica, 2½ years. May 12, duration 15 minutes; May 13, duration 17 minutes; May 14, duration 22 minutes; May 16, duration 29 minutes; May 18, duration 30 minutes.

Mr. N. B. Chronic muscular rheumatism, 3½ years. May 12, duration 10 minutes; May 13, duration 12 minutes; May 15, duration 15 minutes; May 16, duration 18 minutes; May 21, duration 22 minutes; May 22, duration 29 minutes; May 23, duration 30 minutes.

Miss E. T. My assistant, aged 24. Chronic rheumatism of muscles of arms, 1½ years. May 11, duration 18 minutes, temperature 206° F; May 12, duration 19 minutes, temperature 209° F; May 13, duration 20 minutes, temperature 211° F; May 14, duration 22 minutes, temperature 215° F; May 17, duration 30 minutes, temperature 220° F.

Mrs. F. D. Polyarthritis chronica 6 years, aged 38. May 10, duration 15 minutes, temperature 201° F; May 11, duration 20 minutes, temperature 202° F; May 12, duration 19 minutes, temperature 205° F; May 14, duration 21 minutes, temperature 209° F; May 19, duration 24 minutes, temperature 212° F; May 21, duration 26 minutes, temperature 217° F.

Dr. G. B. Writer. Polyarthritis subacuta; pleurodynia a few weeks. May 2, duration 20 minutes,

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